Sample Report

Patient Name: XXX XXXXXX
MR Number: 551634
Referred By: XXXX XXXXXXX, MD
Date of Birth: XX/XX/1967
Exam Date: 7/17/13
Exam Type: Right Hand

Location:
Office Fax:

Accession #: 169775

CLINICAL INFORMATION: 46-year-old male with swelling of the fourth digit, ring finger, rule out gout or synovitis.

TECHNIQUE: Long and short axis fat and water weighted images of the hand with edema-sensitive STIR images.

FINDINGS:

Marked flexor tenosynovitis is identified and edema about the PIP joint with an effusion. Marrow edema at the base of the intermediate phalanx of the PIP joint of the fourth digit is evident. There is milder inflammation about the PIP joint of the digiti minimi. Allowing for some motion, no fracture is evident. Conjoined bands of superficialis tendon are intact.

Tendinosis of the flexor digitorum longus tendon with low grade interstitial tearing is located at the level of the DIP joint, but there is a normal teno-osseous insertion. There is volar bowing of the flexor tendons at fourth digit suggesting laxity or tearing of the fibro-osseous annular pulleys.

Fluid surrounds the joint extensor tendon insertion base of the intermediate phalanx, which exhibits moderate dorsal bulging without tearing of the central slip tendon. The more distal extensor tendons are difficult to definitively characterized.

Circumferential edema about the fourth digit, particularly about the PIP joint is consistent with capsulosynovitis.

In addition is an approximately 1.5 cm in transverse dimension focus of fluid signal extending dorsal to the proximal phalanx and PIP joint of the fifth digit. A synovial cyst, ganglion or other fluid collection should be considered. The finding should be clinically correlated.

IMPRESSION: (MRI OF THE RIGHT HAND)

Marked capsulosynovitis at the fourth and fifth digits. In particular, there is moderate edema at the base of the fourth digit intermediate phalanx with probable chondromalacia and marked capsulosynovitis with fluid tracking along the joint capsule and proximal and distal to the joint capsule. The DIP joint is relatively normal. Likely associated is flexor tenosynovitis and low grade partial tearing/tendinosis of the flexor digitorum longus tendon.

Similar changes at the fifth digit without a well defined erosion. In addition to the circumferential edema about the fourth and fifth digits is ill-defined fluid extending over about approximately 2 cm in length along the dorsolateral digiti minimi.

At the fourth digit is mild volar bowing of the flexor tendons suggesting laxity and degeneration of the fibro-osseous annular pulleys including A2 and A4 annular pulleys.

The dorsal central slip tendon insertion is intact. No retracted tear of the flexor tendons. The distal extensor tendons are difficult to visualize.

Given the soft tissue edema, effusions or capsulosynovitis, correlation for symptomatic arthropathy of the fourth and fifth digit including gout, inflammatory and non-inflammatory arthropathies is recommended. Also correlate to exclude any clinical signs of septic arthritis/osteomyelitis with the dorsolateral abscess or sterile fluid collection is recommended along the fifth digit.

The index and long finger demonstrate no similar changes.

Thank you for your referral and the opportunity to provide your interpretation. If you have any questions about this report, please call 888.ART.4MRI (278.4674).

Mark I Robbins, MD

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THIS REPORT WAS ELECTRONICALLY SIGNED
Mark I. Robbins, M.D.

MIR / pd

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