SAMPLE REPORT

Patient Name: XXXX XXXX
MR Number: 549237
Referred By: XXXX XXXX, DO
Date of Birth: XX/XX/1961
Exam Date: 1/31/13
Exam Type: Right Wrist

Location:
Office Fax:

Accession #: 160254

CLINICAL INFORMATION: 51-year-old female with wrist pain and swelling since a carpal tunnel release on 12/19/2012.

TECHNIQUE: Coronal T1 and inversion recovery, axial T1, T2 and inversion recovery, and sagittal T2 weighted images of the right wrist was performed without contrast.

FINDINGS:

Ulnar neutral variance without a communicating TFC tear. Marked edema is noted along the foveal and styloid attachments with a 7 mm cortical erosion, subchondral cyst, or similar edematous lesion along the ulnar styloid process. Correlation for medial pain along the TFC attachments at which mucoid degeneration at the medial insertion, and edema of the ulnar meniscal homolog and ulnar collateral ligament is evident. There is minimal fluid within the DRUJ.

Normal scapholunate and lunotriquetral ligaments without SLAC or scapholunate dissociation. No DISI or VISI deformity.

No extrinsic ligament tear is identified.

No carpal fracture or osteonecrosis. Subchondral cystic change is observed within the distal scaphoid and the greater multangular likely related to scaphomultangular osteoarthritis. Minimal stress related edema is noted within the capitate. Small radiocarpal, mid carpal, and carpometacarpal effusions are identified.

Mild ECU tendinosis and slight medial subluxation. Slight palmar subluxation of the distal ulna with respect to the radius is identified. No high grade tear of the distal radioulnar ligaments, extensor or flexor tendons.

There is evidence of a carpal tunnel release with a defect of the transverse carpal ligament and prolapse

of carpal tunnel contents. No impinging mass. Slight heterogeneous signal about the flexor tendons suggests mild synovitis, tenosynovitis or edema without a focally impinging mass.

IMPRESSION: (MRI OF THE RIGHT WRIST)

Correlation for any pain at the ulnar styloid process and ulnar insertions at the TFC is recommended given the presence of an edematous erosion, subchondral cyst, or similar lesion, and edema along the foveal ulnar styloid attachments and ulnar collateral ligament. The central and radial portions of the TFC demonstrate no communicating defect, and there is ulnar neutral variance.

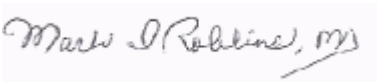
No tearing of the scapholunate, lunotriquetral, or extrinsic ligaments.

Mild ECU tendinosis and medial subluxation.

Slight palmar subluxation of the distal ulna may be physiologic laxity without tearing of the distal radioulnar ligaments.

Evidence of a carpal tunnel release without a recurrent impinging carpal tunnel mass. There remains mild inflammation and/or synovitis about the flexor tendon sheath suggesting mild flexor tenosynovitis. There is no focally impinging recurrent carpal tunnel mass, however. The inflammation and edema could potentially produce recurrent symptoms in the appropriate clinical setting.

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).



AMERICAN RADIOLOGIC TECHNOLOGIES

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

MIR / pd

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