
Patient: DOE, JOHN

Exam Date: 05/25/2010

MRN : JD4USARAD

DOB: 01/01/1961

Referring Physician: DR. DAVID LIVESEY

FAX: (305) 418-8166

MRI OF THE LEFT WRIST WITHOUT CONTRAST

INDICATIONS:

Status post fall two weeks ago, now with burning sensation and pop, pain since the injury.

COMPARISON: None.

TECHNIQUE: Multiplanar multisequence imaging of the wrist without intravenous contrast.

FINDINGS:

Marker overlies the medial aspect of the wrist. No acute osseous fracture noted.

Degenerative arthrosis of the included wrist joints noted with subchondral cystic and/or erosive change of the carpal bones. Chronic fracture of the hook of the hamate noted. Narrowing of the lunotriquetral joint noted. No increased signal is noted in the lunotriquetral joint space. There is a slight dorsal subluxation of the distal ulna in relation to the sigmoid notch of the distal radius and apparent negligible distal radioulnar joint diastasis which is likely related to pronation of the hand. There is slight medial subluxation of the extensor carpi ulnaris tendon likely due to pronation. Underlying extensor carpi ulnaris tendinosis noted. No acute full thickness extensor or flexor tendon tear noted. An approximately 7 x 7 x 15 mm dimension lobulated cystic structure is noted along the radiopalmar aspect of the wrist associated with the long radiolunate ligament. An approximately 4 x 8 mm dimension lobulated T2 hyperintense focus is identified impressing the deep surface of the carpal tunnel along the ulnar aspect of the wrist associated with the radiosaphoidcapitate ligament. An approximately 3 mm cystic structure is associated with the volar radioulnar ligament. Signal attenuation of the ulnar aspect dorsal radioulnar ligament noted. Focal signal attenuation/fraying of the radial attachment of the triangular fibrocartilage complex noted. Pisotriquetral joint synovitis noted. The median nerve is enlarged and shows increased STIR signal. No increased T2 signal of the nerve noted. The median nerve measures 6 x 6 mm dimension at the level of the distal forearm and 6 x 5 mm dimension within the carpal tunnel at the level of the hook of the hamate. Slight palmar bowing of the flexor retinaculum noted. Mild fatty infiltration of the included pronator quadratus muscle noted. Mild fatty replacement of the hypothenar and thenar musculature noted.

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IMPRESSION:

1. Fraying of the radial attachment of the triangular fibrocartilage complex.
2. Radioscaphoidcapitate, volar radioulnar and long radiolunate ligament ganglion cysts as above.
3. Enlargement and increased STIR signal of the median nerve. Appearance can be seen with neuroma and/or related to carpal tunnel syndrome. Please correlate clinically.
4. Muscle atrophy involving the hypothenar/thenar and included pronator quadratus musculature.
5. Degenerative arthrosis of the wrist and pisotriquetral synovitis.

-Electronically Signed by: RADIOLOGIST,

on

05/27/2010 10:10:59 PM
