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MR JOINT LOWER EXTREMITY WITHOUT CONT...

Study Result

Impression

NO OCCULT FRACTURE, AGGRESSIVE MARROW INFILTRATIVE PROCESS OR STRESS INJURY

NO LIGAMENTOUS INJURY IS IDENTIFIED. SPECIFICALLY, NO HIGH-GRADE DISRUPTION OF THE ANTERIOR TALOFIBULAR LIGAMENT IS IDENTIFIED. NO SIGNIFICANT SYNOVITIS ABOUT THE ANTEROLATERAL GUTTER IS IDENTIFIED.

SUBTLE CHONDRAL SIGNAL HETEROGENEITY ABOUT THE POSTERIOR ASPECT OF THE TIBIOTALAR JOINT COULD REPRESENT DEVELOPING CHONDROSIS. NO OSTEOCHONDRAL LESION IS IDENTIFIED.

Narrative

MRI LEFT ANKLE

CLINICAL HISTORY: Ankle pain, impingement syndrome suspected, neg xray; Other specified joint disorders, left ankle and foot

Additional Clinical History: None

AGE: 24 years SEX: Female

TECHNIQUE: Multiplanar multisequence MR imaging of the left ankle was performed. Sequences include Axial PD, axial T2 fat-sat, axial oblique T2, sagittal T1, sagittal T2 fat-sat and coronal T2 fat-sat

COMPARISON: 06/05/2020

FINDINGS:

Ligaments:

Anterior tibiofibular ligament: Intact
Posterior tibiofibular ligament: Intact
Syndesmotic ligament: The syndesmotic ligament is attenuated, but no surrounding edema is identified.

Anterior talofibular ligament: Intact. No surrounding marrow edema is identified. No significant synovitis within the adjacent anterolateral gutter is identified.
Posterior talofibular ligament: Intact
Calcaneal fibular ligament: Intact

Deltoid ligamentous complex: The superficial and deep components of the deltoid ligamentous complex are intact.

Spring ligament: The superior medial, medial plantar oblique and inferior plantar longitudinal components are intact

Tendons:

Posterior tibialis tendon: Intact
Flexor digitorum tendon: Intact
Flexor hallucis longus tendon: Intact

Peroneus longus tendon: Intact
Peroneus brevis tendon: Intact.

There is no evidence of peroneal tendon subluxation. The superior peroneal retinaculum is intact.

Extensor tendons: Intact

Achilles tendon: Intact

Bones: No acute fracture or dislocation is identified. The talar dome is intact and there is no evidence of an osteochondral lesion or focal, minimal subchondral hyperintense signal about the mid to posterior aspect of the tibial plafond is present which is felt to represent a vessel. Additional mildly prominent vessels about the talar neck are present.

Slight heterogeneity of the articular cartilage signal adjacent involving the posterior aspect of the tibiotalar joint could represent developing chondrosis. However, no focal high-grade partial or full-thickness chondral defect is identified. The chondral heterogeneity is best appreciated on series 5 image 12.

The marrow signal is within normal limits and there is no evidence of a aggressive marrow infiltrative process or stress injury. A bone island about the calcaneal body is present.

No joint effusion about the tibiotalar or subtalar joints is identified. No significant synovitis is identified.

Muscles: No soft tissue mass is identified. Minimal subcutaneous edema about the anterior aspect of the lower leg is noted. No focal muscle edema or fatty infiltration is identified.

Plantar fascia: Intact with no evidence of high-grade partial or full-thickness disruption

Sinus tarsi: Within normal limits. No infiltration of the fat is identified.

Tarsal tunnel: No mass occupying lesion is identified.

Other: No additional pathologic findings are noted on the scout images.

Component Results

There is no component information for this result.

General Information

Ordered by Alex J. Kline, MD

Collected on 06/17/2021 4:30 PM

Resulted on 06/18/2021 7:11 AM

Result Status: Final result

This test result has been released by an automatic process.