UCSF UCSF Health, UCSF Children's, Marin Health, and Affiliates

Outside Information

MR Wrist without Contrast, Left

Anatomical Region	Laterality	Modality
Arm	—	Magnetic Resonance

Impression

Ulnar negative variance with radial inclination of the distal ulna without classic anatomy of Madelung deformity. In particular there is no evidence of Vickers ligament or an anomalous volar radiotriquetral ligament.

Report dictated by: Bamidele F Kammen, MD, signed by: Bamidele F Kammen, MD
Department of Radiology and Biomedical Imaging

Narrative

EXAMINATION DESCRIPTION:
MR WRIST WITHOUT CONTRAST, LEFT

INDICATION(S):
Left wrist pain, evaluate for Vicker's ligament

SEDATION:
None.

PROCEDURE:
MRI examination of the left wrist performed on a 3T system. The following imaging sequences were acquired:

1. Coronal T2 Dixon
2. 3D CS PD FS with 3 plane re-formation for high-resolution in standard thickness
3. Coronal T1 Dixon

COMPARISON:
No previous study is available for comparison.

FINDINGS:
OSSEOUS STRUCTURES: There is mild negative ulnar variance and there is slightly increased radial angulation of the distal ulna. There is normal congruity of the sigmoid notch at the level of the radius. Marrow signal is diffusely within normal limits. No bone contusion or cortical fracture. No evidence of osteonecrosis of the carpal bones.

LIGAMENTS, TENDONS, & THE TRIANGULAR FIBROCARTILAGE: There is no evidence of Vickers ligament (anomalous volar radiolunate ligament post or anomalous full are radiotriquetral ligament The triangular fibrocartilage, scapholunate, lunatotriquetral and scaphotrapeziotrapezoid ligaments are intact. Volar and dorsal extrinsic ligaments are intact. 1st through 6th extensor compartments and flexor tendons are intact.

CARPAL TUNNEL: The contents of the carpal tunnel are normal. Specifically, there is no evidence of extrinsic mass effect involving the median nerve. No evidence of mass effect on the ulnar nerve in Guyon's

canal.

ADJACENT SOFT TISSUES: No ganglion cyst or soft-tissue mass identified surrounding the left wrist. Punctate ganglion volar to the scapholunate joint.

Procedure Note

Kammen, Bamidele Fayemi, MD - 04/23/2023
Formatting of this note might be different from the original.
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Report dictated by: Bamidele F Kammen, MD, signed by: Bamidele F Kammen, MD
Department of Radiology and Biomedical Imaging
Exam End: 04/22/23 09:51
Specimen Collected: 04/23/23 12:08 Last Resulted: 04/23/23 12:34
Received From: UCSF Health, UCSF Children's, Marin Health, and Affiliates Result Received: 05/03/23 11:27

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