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Patient Name:	BONILLA, OMAR	Facility:	3T Open Imaging of Westchester
Date of Birth:	6/7/1980 Age 42	Procedure Date:	8/8/2022
Procedure:	MRI RIGHT ANKLE W/O CONTRAST	Ref. Physician:	CRUZ-BANTING, IMELDA

History: Right ankle pain status post MVA.

Technique: MRI of the right ankle utilizing multiple imaging sequences..

Comparison: None.

Findings: The included Achilles tendon, pre-Achilles fat and plantar fascia are normal small ankle. A tarsal coalition is not seen. No fracture of the anterior process of the calcaneus or the base of the fifth tarsal is noted. Evaluation of the remainder of the included osseous structures demonstrates an atypical linear area of signal hyperintensity referable to the distal fibula involving the lateral malleolus with a small area of associated marrow edema. The ankle mortise is congruent. Signal from the muscular structures is normal.

The anterior extensor tendons are normal. There is thickening and abnormal intermediate signal within portions of the peroneal tendons referable to their distal thirds as they traverse the region of the calcaneus most consistent with tendinosis/sprain. Evaluation of the medial flexor tendons demonstrates tendinosis of the distal portion of the posterior tibialis tendon with the flexor hallucis and flexor digitorum longus tendons grossly normal.

The ligaments of the syndesmotric complex are normal. There is poor definition portions of the ATFL most consistent with a partial tear with the proximal portion of the calcaneofibular ligament also a suggestion a strain. The posterior talofibular ligament is normal. Deep and peripheral fibers of the deltoid ligament are normal with the components of the spring ligament grossly normal as are the subtalar ligaments as well as Lisfranc's joint. Lisfranc's ligament is not well defined on this study.

Impression:

1. Atypical linear vertically oriented area of signal hyperintensity on the PD fat sat images involving the distal fibula with a small area of adjacent marrow edema. The possibility this represents a nondisplaced fracture is raised despite its somewhat atypical appearance. One may wish to obtain a CAT scan for more definitive evaluation.
2. Poor definition of portions of the ATFL as well as the proximal calcaneofibular ligament most consistent with areas of partial tear/sprain
3. Thickening and abnormal intermediate signal within portions of the peroneal tendons referable to their distal thirds as they traverse the region of the calcaneus most consistent with tendinosis/sprain. Tendinosis of the distal third of the posterior tibialis tendon.
4. Lisfranc's ligament is poorly defined on this study of uncertain significance with Lisfranc's joint normal. One should obtain an MRI of the right foot for further evaluation if felt to be clinically warranted.

Signed by: GREEN, MICHAEL

Date Signed: 8/13/2022

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8/15/22
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