

3620 East Tremont Ave., Suite 104 Bronx, New York 10465

Patient Name:

YOUSAF, MUHAMMAD

AGE: 060Y (M)

RDI#:

4635 MY

DOB: 05/19/1961

Study Date:

11/08/2021

Exam:

MRI LT ANKLE

Physician:

DR IMELDA CRUZ-BANTING

FINAL REPORT

HISTORY: 060Ystatus post injury with left ankle pain

PROTOCOL:

Axial and sagittal TI weighted images as well as axial coronal and sagittal STIR images were obtained

PRIORS: None.

FINDINGS:

There is a focal area of irregularity within the talar neck measuring approximately 1.0×0.9 cm and is suspicious for posttraumatic changes. The remainder the osseous structures are intact.

Fluid is identified in the tendon sheath of the posterior tibialis tendon with intrasubstance signal in the distal tendon. Intrasubstance tear and sprain is felt present. The flexor digitorum longus and flexor hallucis longus tendons are intact.

Punctate signal within the peroneus brevis tendon at its insertion upon the base of the 5th metatarsal is also identified consistent with tendinosis and intrasubstance tear. No disruption is identified. The peroneus longus tendon is intact.

The anterior tibialis tendon and Achilles tendon are intact.

The plantar fascia is intact.

There is an effusion within the tibiotalar and subtalar joints.

Fluid is identified within the substance of the posterior talofibular ligament consistent with partial tear/sprain. The anterior talofibular ligament and calcaneofibular ligament are intact.

The deltoid ligament and interosseous talocalcaneal ligament is intact.

No abnormality in the sinus tarsi is identified

IMPRESSION



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1.0 CM AREA OF FOCAL CORTICAL IRREGULARITY AND CYST-LIKE CHANGE WITHIN THE TALAR NECK SUSPICIOUS FOR POSTTRAUMATIC CHANGES.

NO OTHER FRACTURE IS IDENTIFIED.

TENDINOSIS/SPRAIN OF THE DISTAL POSTERIOR TIBIALIS TENDON WITH FLUID IN THE TENDON SHEATH.

THERE IS ALSO PUNCTATE SIGNAL THE DISTAL PERONEUS BREVIS TENDON AT ITS INSERTION CONSISTENT WITH TENDINOSIS/INTRASUBSTANCE TEAR.

EFFUSION WITHIN THE TIBIOTALAR AND SUBTALAR JOINTS

PARTIAL TEAR/SPRAIN OF THE POSTERIOR TALOFIBULAR LIGAMENT.

Thank you for referring this patient to us for evaluation.

Very truly yours,

MICHAEL CARLIN MD

Electronically signed: 11/09/2021 10:38

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