

**MULTI-POSITION™ MRI****STAND-UP MRI OF THE BRONX, P.C.**

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Accredited by the American College of Radiology

PETER NICAJ**N10007734-BI** **Report Date:** 04/08/2022**DOB:** 07/01/1971**Exam Date:** 04/04/2022**RICHARD M SELDES MD****95 UNIVERSITY PLACE 8TH FLR****NEW YORK, NY 10003***Amended 04/15/2022 (Technique)***MAGNETIC RESONANCE IMAGING OF THE LEFT ANKLE**

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position on a high-field 1.5 Tesla magnet.

HISTORY: Patient complains of ankle pain.

INTERPRETATION: The ankle mortise is preserved. The tibial pilon and talar dome are intact. Subtalar and midfoot articulations are preserved.

There is tibialis posterior hypertrophic tendinosis, inserting upon a Type III accessory navicular. Medial group tendons are otherwise unremarkable. Anterior and lateral group tendons are intact. The Achilles is preserved. The syndesmotic complex is intact, including high ankle ligaments.

There is scarring of the anterior talofibular ligament with a superimposed sprain. There are sprains of calcaneofibular and posterior talofibular ligaments. The deltoid complex is preserved. Spring and bifurcate ligaments are intact. The Lisfranc ligament is preserved. The sinus tarsi and tarsal tunnel contents are intact. The plantar fascia is preserved.

IMPRESSION:

- Scarring of anterior talofibular ligament with superimposed sprain. Sprains of calcaneofibular and posterior talofibular ligaments.
- No osseous component to apparent acute-on-chronic inversion sprain injury. No acute bony pathology.

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Exam Date:

04/04/2022

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ANKLE LEFT MRI

- Tibialis posterior hypertrophic tendinosis.

Sincerely,

les
4/27/22

David R. Payne, MD

Diplomate of the American Board of Radiology with Added Qualifications in Neuroradiology

DRP/cs

amended by lb 04/15/2022