

KERLINE ANTHONY

N10004244

Exam Date:

06/10/2021

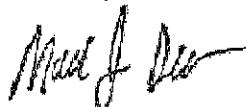
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MRI OF THE RIGHT ANKLE

IMPRESSION:

- Posterior tibial tendinopathy with peritendinous edema.
- Achilles tendinopathy. 5 mm spur with traction edema, soft tissue edema, and no fracture.

Sincerely,



Mark J. Decker M.D. D.A.B.R.
Musculoskeletal and Spine Radiologist
MD/rt2

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6/29/21

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

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KERLINE ANTHONY**N10004244-BI****Report Date: 06/11/2021****DOB: 08/22/1960****Exam Date: 06/10/2021****RICHARD SELDES, MD****95 UNIVERSITY PLACE 8TH FLR****NEW YORK, NY 10003****MAGNETIC RESONANCE IMAGING OF THE RIGHT ANKLE**

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

HISTORY: Patient complains of right ankle pain.

INTERPRETATION: No fracture of the distal fibula. No fracture of the distal tibia.

No osteochondral defect of the talar dome. No coalition. No erosion. Calcaneocuboid joint is intact. Talonavicular joint is intact.

Plantar fascia is intact at the origin. No bursitis or fracture.

Achilles insertional tendinopathy and thickening with 5 mm spur, traction edema, and no fracture. Insertional tendinopathy at the anterior fibers proximal to the insertion. Physiologic fluid in the bursa.

Extensor tendons are intact. No tenosynovitis.

Peroneal tendons are intact. No tenosynovitis. No subluxation.

Posterior tibial tendinopathy. Peritendinous edema.

Syndesmosis is intact. Tibiofibular ligaments are intact. Talofibular ligaments are intact. Calcaneofibular ligament is intact. Deltoid ligaments are intact. Spring ligament is intact.

No lesion of the tarsal sinus. No lesion of the tarsal tunnel.

No soft tissue lesion. No muscle atrophy or tear.