

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

Patient Name: YOUSAF, MUHAMMAD

AGE: 060Y (M)

RDI#:

UI/IU/ZUZZ MUN

4635 MY

DOB: 05/19/1961

Study Date:

12/23/2021

Exam:

MRI RIGHT ELBOW

Physician:

DR IMELDA CRUZ-BANTING

FINAL REPORT

HISTORY: 060Y status post injury with right olbow pain

PROTOCOL: Sagittal axial and coronal T1 weighted images as well as sagittal and axial T2 weighted images and coronal and sagittal STIR images were obtained.

PRIORS: None.

FINDINGS:

Cystic appearing area along the posterior aspect of the distal humerus identified along its radial aspect. The remainder the osseous structures are otherwise intact no evidence of fracture or dislocation.

There is a joint effusion present.

Fluid is seen tracking along the distal biceps tendon insertion upon the radial tuberosity consistent with a sprain.

The tendon is otherwise intact.

Intrasubstance signal consistent with tendinosis is also identified in the distal brachialis tendon at its ulnar

Intrasubstance signal is also identified within the distal triceps tendon at its olecranon insertion consistent with tendinosis/intrasubstance tear.

Tendinosis within the common extensor tendon is also identified. The common flexor tendon is intact.

The medial collateral ligament is intact.

No abnormality within the cubital tunnel is identified

**IMPRESSION** 

INTRASUBSTANCE TEAR WITHIN THE DISTAL TRICEPS TENDON AS WELL AS TENDINOSIS/SPRAIN OF THE DISTAL BRACHIALIS TENDON AND SPRAIN OF THE DISTAL BICEPS TENDON

TENDINOSIS WITHIN THE COMMON EXTENSOR TENDON IS ALSO IDENTIFIED.

JOINT EFFUSION.

CYSTIC APPEARING AREA ALONG THE POSTERIOR ASPECT OF THE DISTAL HUMERUS. NO OTHER ACUTE FRACTURE OR DISLOCATION IS IDENTIFIED

Thank you for referring this patient to us for evaluation.

Very truly yours,

1/10/22

MICHAEL CARLIN MD

Electronically signed: 12/24/2021 13:28

Phone: 710.484.3989 / Fax: 718.484.8757