

MEDICAL MRI PC

101-07 Jamaica Ave Richmond Hill, NY, 11418
Phone:(718) 374-3388 Fax:(347) 308-5757

PATIENT NAME: SHANISE WILLIAMS
REFERRING PHYSICIAN: PHYLLIS M. GELB M.D.
SERVICE: MRI LEFT WRIST
DATE OF SERVICE: 10/08/2022

MRI SCAN OF THE LEFT WRIST

CLINICAL HISTORY: Pain.

Routine non-contrast MRI images of the left wrist were obtained. Prior imaging correlation is not available. An MRI scan of the left hand was performed on the same day and discussed in a separate report.

The visualized osseous structures are intact. There is no evidence of fracture, dislocation, or bone marrow abnormalities to be suspicious for bone contusions, stress fractures, or acute trabecular microfractures.

The carpal tunnel and median nerve are unremarkable. The flexor retinaculum bowing ratio is less than 0.15 which is within normal limits. Therefore, there is no evidence of carpal tunnel syndrome.

There is increased signal in the main disk of the TFCC. In the given clinical setting, the finding is compatible with a tear of this structure. There is also increased signal at the base of the ulnar TFCC ligament compatible with a sprain/interstitial tear of this structure. The triangular fibrocartilage complex is otherwise intact.

The visualized ligamentous and tendinous structures are otherwise intact. The muscle, fat, and fascial planes are otherwise well maintained.

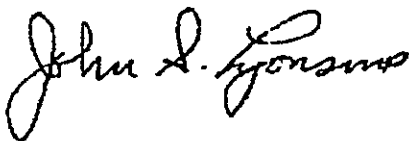
IMPRESSION:

INCREASED SIGNAL IN THE MAIN DISK OF THE TFCC COMPATIBLE WITH A TEAR AS WELL AS INCREASED SIGNAL AT THE BASE OF THE ULNAR TFCC LIGAMENT COMPATIBLE WITH A SPRAIN/INTERSTITIAL TEAR OF THIS STRUCTURE.

THE VISUALIZED LIGAMENOUS AND TENDINOUS STRUCTURES ARE OTHERWISE INTACT.

THE OSSEOUS STRUCTURES APPEAR INTACT.

Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist