COMPREHENSIVE MRI OF WHITE PLAINS
(Comprehensive MRI of New York, P.C.)

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RUPERT JOHNSON **N10056172-WP** **Report Date:** 02/02/2022

DOB: 10/21/1952
Exam Date: 01/31/2022

ROBERT FITZGERALD DC
2426 EASTCHESTER ROAD
BRONX NY 10469

MAGNETIC RESONANCE IMAGING SCAN OF THE LEFT WRIST

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

HISTORY: The patient complains of severe pain.

INTERPRETATION: MRI of the left hand was performed at the same setting dictated under separate cover.

A marker is placed at the volar aspect of the distal radius in the area of concern as designated by the patient.

Signal alteration is identified within the extensor carpi ulnaris tendon associated with intrasubstance partial tear. There is no evidence of discontinuity or retraction.

Intermediate signal intensity is noted in association with the flexor pollicis longus tendon in conjunction with tendinopathy.

1.2 cm ganglion cyst is identified at the volar aspect of the distal radius.

Mild pisiform triquetral articulation effusion is noted.

Intermediate signal intensity is also noted in association with the abductor pollicis longus tendon in conjunction with tendinopathy.

There are no additional findings to indicate tear of the flexor or extensor tendons. There is no evidence of discontinuity or retraction of the flexor or extensor retinaculum. There is no evidence of tear suggested in association with the volar ligaments.

There is no evidence of asymmetric signal changes associated with median nerve.

There is no evidence of a tear of the triangular fibrocartilage complex.

There is no evidence of scapholunate widening or tear of the scapholunate ligament.

There is no evidence of increased lunotriquetral distance. There is no evidence of perilunate dislocation.

There is no evidence of bone marrow signal changes to indicate fracture, avascular necrosis, osteomyelitis or bone marrow replacement process. There is no evidence of soft tissue mass or infiltrative disorder. There is no evidence of dislocation. There are no signal changes within the musculature to indicate tear. Relative preservation of joint space height is noted at the visualized articulations without evidence of subcortical degeneration appreciated.

IMPRESSION:

- Extensor carpi ulnaris tendon intrasubstance partial tear.
- Flexor pollicis longus and abductor pollicis longus tendinopathy.
- 1.2 cm ganglion cyst volar distal radius.
- Mild pisiform triquetral articulation effusion.

Thank you for referring your patient to us for evaluation.

Sincerely,

Harold M. Tice, M.D.
Diplomate of the American Board of Radiology
HT/lf