

SKY RADIOLOGY

PATIENT NAME	RAMPERSAUD, LILOUTIE
D.O.B.	12/01/1954
PATIENT #	0000013263
DATE OF SERVICE	04/05/2022
REF. PHYSICIAN	RAHMAN, QUAZI MD

MRI OF THE RIGHT ANKLE WITHOUT CONTRAST

INDICATION: Right ankle pain

TECHNIQUE: T1, T2, and STIR weighted sequences were obtained.

COMPARISON: No prior studies were available for comparison at the time of dictation.

FINDINGS:

No fracture. The ankle mortise is intact, without widening. The distal tibiofibular syndesmosis is intact. No osteochondral lesion. Normal articular cartilage. No coalition. The bone marrow signal is normal.

Enthesopathic changes at the Achilles tendon insertion but without significant tendinopathy or partial partial tear. No retrocalcaneal bursitis. Normal posterior tibial tendon. The flexor digitorum longus tendon is normal. Extensor tendons are intact. Normal peroneus brevis and longus tendons.

Small talocalcaneal effusion around the middle talar facet, and with adjacent hyperintense signal in a regular to concerning for at least partial tear of the anterior aspect of the deltoid ligament. Series 5 image 12.

Small talofibular effusion attenuating both anterior and posterior talofibular ligaments, more concerning for tear in the anterior talofibular ligament. Series 7 images 9-11. There is also small posterior tibiotalar and subtalar fusion with flexor hallucis longus tendinopathy.

The syndesmotic ligaments are intact. Calcaneofibular ligament is intact.

Moderate inferior calcaneal spurring with moderate thickening central cord plantar fascia but without significant partial tear or acute peri-fascial inflammation. No significant marrow edema within the inferior calcaneus. Normal sinus Tarsi. No muscle edema.

IMPRESSION:

SKY RADIOLOGY P.C.

210-12 NORTHERN BLVD, BAYSIDE, NY 11361 * TEL 718-224-8800 * FAX 718-224-8822

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1. Small talocalcaneal effusion around the middle talar facet, and with adjacent hyperintense signal in a regular to concerning for at least partial tear of the anterior aspect of the deltoid ligament.

Small talofibular effusion attenuating both anterior and posterior talofibular ligaments, more concerning for tear in the anterior talofibular ligament. There is also small posterior tibiotalar and subtalar fusion with flexor hallucis longus tendinopathy.

2. Moderate inferior calcaneal spurring with moderate thickening central cord plantar fascia, which may be attributed to a more chronic fasciitis.

3. Enthesopathic changes at the Achilles tendon insertion.

Thank you for this kind referral of this patient.

B.V. Reddy MD

B.V. Reddy M.D.
Diagnostic Radiologist and Nuclear Medicine Physician
Diplomat of ABNM and ABR
MRI and Breast Imaging Specialist

Electronically Signed by REDDY, B.V. MD DR. at 4/15/2022 3:23:23 PM

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