

Exam requested by: UPENDRA SINHA MD 102-31 JAMAICA AVE RICHMOND HILL NY 11418 SITE PERFORMED: LHR OZONE PARK

SITE PHONE: (718) 544-5151

Patient: LEON, LUZ Date of Birth: 03-02-1961 Phone: (347) 322-8277

MRN: 4699069R Acc: 1025084523

Date of Exam: 10-21-2022

**EXAM: X-RAY RIGHT WRIST MINIMUM 3 VIEWS** 

HISTORY: Right wrist pain

TECHNIQUE: Frontal, lateral, and oblique radiographs of the right wrist are provided for review.

**COMPARISON: None** 

## IMPRESSION:

Mild chronic posttraumatic deformity of a prior healed distal radial metaphyseal fracture. 4 mm chronic well-corticated unhealed fracture of the ulnar styloid Joint spaces preserved.

No lytic or blastic lesions. Normal mineralization.

Soft tissues within normal limits

Thank you for the opportunity to participate in the care of this patient.

Jonathan B Schwartz MD - Electronically Signed: 10-24-2022 11:13 AM Physician to Physician Direct Line is: (646) 902-3733

## **Confidential**

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