



Westchester Radiology & Imaging, PC

933 Saw Mill River Road

Ardsley, NY 10502

Phone: 914-740-1188 Fax: 914-478-0303

PATIENT: JACKSON TASHAY
DOB: 01/17/1998
PHYSICIAN: DR. FITZGERALD
EXAM DATE: 07/05/2022

MRI OF THE LEFT ANKLE

INDICATION: Tendon tear.

TECHNIQUE: Multiple T1 and T2 weighted images of the ankle were obtained in axial, sagittal and coronal planes without intravenous contrast.

FINDINGS: No abnormal marrow signal in the distal tibia, fibula, calcaneus, talus, the cuboid bone and the cuneiforms to suggest avascular necrosis or marrow infiltration. The talar dome is intact without osteochondral defects and the ankle mortise is intact. The bony alignment is preserved.

The Achilles tendon and the plantar fascia are normal in caliber. The extensor tendons are intact. The anterior talofibular and the posterior talofibular ligaments as well as the superficial and deep portions of the deltoid ligament are intact.

The anterior and posterior tibial/fibular ligaments are intact. The sinus tarsi exhibits expected signal with grossly intact ligaments.

The flexor and peroneal tendon sheaths are distended with fluid consistent with tenosynovitis. Fluid in the tibiotalar and subtalar joints consistent with trauma or synovitis, in an appropriate clinical setting.

There is increased T2 signal in the anterior aspect of the talus, consistent with bone contusion/nondisplaced fracture. The posterior talar process appears prominent with surrounding fluid suggestive of posterior ankle impingement, in an appropriate clinical setting.

PATIENT: JACKSON TASHAY
DOB: 01/17/1998
PHYSICIAN: DR. FITZGERALD
EXAM DATE: 07/05/2022

IMPRESSION:

1. Increased T2 signal in the anterior aspect of the talus, consistent with bone contusion/nondisplaced fracture. CT of the left ankle is recommended for further evaluation.
2. Posterior talar process appears prominent with surrounding fluid suggestive of posterior ankle impingement, in an appropriate clinical setting.
3. The flexor and peroneal tendon sheaths are distended with fluid consistent with tenosynovitis.
4. Fluid in the tibiotalar and subtalar joints consistent with trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed