



NYU Langone Radiology
NYU Langone Radiology at Premier
23-18 31st Street
Astoria, NY 11105-2765
718-832-1445

QURESHI, MD

Pt Name: Jauregui, Melanie
DOB: 2/13/1987
MRN: 15539521
Referring: Provider Not In
System/Unknown
CC Recipient(s): QURESHI, MD
Pt Phone: 415-532-5731

Procedure(s)

MRI ANKLE WITHOUT IV CONTRAST LEFT

Accession Number(s)

25097790

Date of Service

3/23/22

IMPRESSION:

Focal 1.0 cm area of bone marrow edema at the medial talar dome, likely reflecting an osteochondral injury.

Lateral and deltoid ligament complex injuries with complete tear of the anterior talofibular ligament, scar remodeling of the calcaneofibular and posterior talofibular ligaments, and sprain of the deep deltoid fibers.

Scattered small joint effusions about the ankle as described.

FINDINGS:

History: Left ankle pain after a motor vehicle accident on 10/20/2021.

MRI of the left ankle

Technique: Multiplanar, multisequential images were obtained on a 3T scanner according to standard protocol.

Prior studies: None available.

Findings:

Ligaments: The anterior and posterior tibiofibular ligaments are unremarkable. Complete anterior talofibular ligament tear. Thickening and scar remodeling of the calcaneofibular ligament. There is mild inhomogeneity of the posterior talofibular ligament. There is lobular joint fluid versus multiseptated ganglion cyst formation along the posterior margin. There is mild inhomogeneity of the deep deltoid ligament fibers without fiber discontinuity, which may reflect a low-grade sprain. The superficial deltoid ligament fibers are intact. There is overlying soft tissue edema along the

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medial ankle.

Tendons: The tendons of the anterior and medial compartment are unremarkable. Distal peroneus brevis tendinosis, without a discrete tear. Peroneus longus tendon is unremarkable. The Achilles tendon is unremarkable.

Bones/joints: Focal 1.0 x 1.0 cm (TR by AP) region of bone marrow edema at the medial talar dome with more patchy surrounding edema-like marrow signal in the talar neck and talar body, likely representing an osteochondral injury. No discrete chondral injury demonstrated on the current study.

Small talocrural joint effusion. Small amount of multiloculated fluid layering along the posterior subtalar joint recess. A 0.8 cm ganglion cyst along the lateral margin of the calcaneocuboid joint. Small talonavicular joint effusion extending into the Gruberi bursa.

No aggressive marrow-replacing lesion. No significant degenerative arthrosis.

Plantar Fascia: Unremarkable

Nerves: Unremarkable

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by Fellow David Kopylov MD and Signed by Attending Dana Lin MD 3/23/2022 9:15 PM