

Highline Radiology

138-21 Queens Blvd. Briarwood, NY 11435

Tel: 718-480-1250 Fax: 718-480-6720

To:

Davis, Gordon

Patient Name: Negron, Wanda

Exam:

MRI LEFT WRIST

DOB:

09/10/1972

F

Exam Date: 11/03/2022 6:08 PM

Gender:

Accession: 34767

MRN:

NegW7517

LEFT WRIST MRI WITHOUT CONTRAST

HISTORY: Left wrist pain status post motor vehicle accident

TECHNIQUE: Multiplanar, multi-sequence MRI of the left wrist was obtained without

intravenous contrast.

COMPARISON: None available.

FINDINGS:

INTEROSSEOUS LIGAMENTS: There is a partial tear of the membranous component of the scapholunate ligament complex. The dorsal and volar components are intact. The lunotriquetral ligament is preserved.

TFCC: There is a full-thickness tear of the central articular disc of the TFCC. The remainder of the TFCC appears preserved.

MUSCLES AND TENDONS: There is prominent edema and fluid within the first dorsal extensor compartment tendons superimposed on tendinitis. This is consistent with de Quervain's tenosynovitis. The extensor carpi ulnaris tendon is subluxed from the ulnar groove and perched onto the ulnar styloid. This is consistent with attendance of sheath injury. The remainder of the flexor and extensor tendons appear intact. There is no muscle edema or fatty muscle atrophy.

CARTILAGE AND SUBCHONDRAL BONE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

MARROW: Normal marrow signal. There is nonspecific cystic change within the proximal scaphoid and within the capitate.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: There is soft tissue edema about the radial aspect of the wrist.

IMPRESSION:

Findings consistent with severe de Quervain's tenosynovitis. Edema within the adjacent subcutaneous soft tissues.

Full-thickness tear of the central articular disc of the TFCC.



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Partial tear of the membranous component of the scapholunate ligament complex.

Extensor carpi ulnaris tendon is subluxed from the ulnar groove and perched onto the ulnar styloid. This is consistent with attendance of sheath injury.

Electronically Signed by: Borukhov, David MD on 11/06/2022 11:05 AM