

PATIENT NAME: SICAJAN EDWIN
REFERRING PHYSICIAN: DR. MATHEW

DOB: 07/07/1993
DOS: 07/19/2022

MRI OF THE RIGHT ELBOW

INDICATION: Pain.

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

FINDINGS: Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration. The radial collateral ligaments and the ulnar collateral ligaments are not clearly visualized or evaluated. The visualized portions of the biceps brachii, brachialis, and triceps tendons appear unremarkable. The visualized musculature surrounding the right elbow appears grossly unremarkable. The intramuscular fatty striation and fascial plane is preserved, without evidence for strain/tear, atrophy, edema or fatty infiltration. There are no soft tissue lesions or fluid collections.

The visualized median, ulnar, and radial nerves demonstrate caliber and signal characteristics which are within normal limits and appear grossly unremarkable.

There is a moderate thickening of the common extensor tendon consistent with lateral epicondylitis/tennis elbow, however intrasubstance partial tear of the common extensor tendon cannot be excluded. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

IMPRESSION:

1. Moderate thickening of the common extensor tendon consistent with lateral epicondylitis/tennis elbow, however intrasubstance partial tear of the common extensor tendon cannot be excluded.
2. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

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