

**COMPREHENSIVE MRI OF WHITE PLAINS**

(Comprehensive MRI of New York, P.C.)

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**OSCAR ROA****N10098250-  
WP****Report Date: 05/19/2022****DOB: 08/27/1969****Exam Date: 05/13/2022 & 05/18/2022**

**AJIN MATHEW PA  
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**MAGNETIC RESONANCE IMAGING SCAN OF THE LEFT FOOT**

**TECHNIQUE:** Multiplanar, multisequential MRI was performed in the recumbent position on a high field 1.5 Tesla magnet.

**HISTORY:** The patient complains of mid/hindfoot pain on the left foot.

**INTERPRETATION:** There is subcortical bone marrow edema involving the lateral base of the first metatarsal with erosion of the cortex. There is also chondral surface and cortical thinning and underlying subcortical bone marrow edema involving the lateral convexity of the first metatarsal head at the first metatarsophalangeal joint.

There are subcortical cystic foci, benign in appearance at the base of the anterior process of the calcaneus.

There is edema in the sinus tarsi with a ganglion cyst tracking dorsally from the medial aspect of the sinus tarsi measuring up to approximately 1.5 cm.

There is a flat foot appearance.

There is partial visualization of the peroneus brevis tendon which is highly attenuated at the level of the malleolus and a dedicated ankle MRI would be advised if warranted clinically for the characterization and overall appearance of the integrity of the peroneus brevis. There is trace peroneus brevis and posterior tibial as well as flexor hallucis longus tenosynovitis and there is also tibiotalar and posterior subtalar joint fluid.

There is marrow edema involving the tibial sesamoid compatible with sesamoiditis and there is also edema in the plantar subcutaneous tissues at the level of the first metatarsal head.

There is evidence of intermetatarsal bursitis involving the first, second and third interdigital spaces at the metatarsophalangeal joint level.

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Osseous signal and morphology of the visualized portion of the distal tibia and fibula, are otherwise unremarkable. Visualized portions of the Achilles tendon and plantar fascia otherwise demonstrate no altered signal or morphology. The remaining muscles and tendons remain unremarkable in signal and morphology. Area of the tarsal tunnel otherwise demonstrate no focal altered signal or morphology. Subcutaneous regions otherwise demonstrate no masses or infiltrations.

**IMPRESSION:**

- Subcortical bone marrow edema involving the lateral base of the first metatarsal with erosion of the cortex.
- Chondral surface and cortical thinning and underlying subcortical bone marrow edema involving the lateral convexity of the first metatarsal head at the first metatarsophalangeal joint.
- Subcortical cystic foci benign in appearance base of the anterior process of the calcaneus.
- Edema in the sinus tarsi with a ganglion cyst tracking dorsally from the medial aspect of the sinus tarsi measuring up to approximately 1.5 cm.
- Flat foot appearance.
- Peroneus brevis tendon which is highly attenuated at the level of the malleolus and a dedicated ankle MRI would be advised if warranted clinically for the characterization and overall appearance of the integrity of the peroneus brevis.
- Trace peroneus brevis and posterior tibial as well as flexor hallucis longus tenosynovitis and there is also tibiotalar and posterior subtalar joint fluid.
- Marrow edema involving the tibial sesamoid compatible with sesamoiditis and there is also edema in the plantar subcutaneous tissues at the level of the first metatarsal head.
- Evidence of intermetatarsal bursitis involving the first, second and third interdigital spaces at the metatarsophalangeal joint level.

Thank you for referring your patient to us for evaluation.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

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Fellowship Trained in Musculoskeletal Radiology  
SW/BC