

STAND-UP MRI OF LYNBROOK, P.C.

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MULTI-POSITION-MRI

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FAKIR KABIR N10093708-LB Report Date: 05/05/2022

DOB: 01/10/1973 **Exam Date:** 05/05/2022

MICHAEL JURKOWICH MD 243-51 MERRICK BLVD ROSEDALE, NY 11422

MAGNETIC RESONANCE IMAGING OF THE LEFT WRIST

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 30-degree tilt position.

HISTORY: Patient complains of left wrist pain.

INTERPRETATION: Exam demonstrates positive ulnar variance and marrow edema along the proximal ulnar margin of the lunate bone consistent with ulnolunate impingement. There is some intrasubstance signal within the TFCC without definable tear. The scapholunate, lunotriquetral, and extrinsic ligaments are intact. No abnormal fluid accumulation in the distal radioulnar joint, ulnocarpal, and radiocarpal joint recesses or in the mid compartment.

Few scattered punctate nonspecific subcortical foci of T2 hyperintensity within carpal bones may reflect early osteoarthritic or inflammatory changes.

No evidence for fracture or dislocation. First carpometacarpal joint is unremarkable. The hook of the hamate is intact.

Carpal tunnel and Guyon's canal, and neurovascular bundles are normal.

The flexor and extensor tendons are intact without tear or tenosynovitis.

No abnormal muscle signal intensity, atrophy, or soft tissue mass.

IMPRESSION:

Positive ulnar variance and evidence for ulnolunate impingement. Intrasubstance signal within the TFCC, possibility of intrasubstance tear not excluded.

Thank you for referring your patient to us for evaluation.

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Sincerely,

Samuel Mayerfield, MD

Diplomate of the American Board of Radiology with Added Qualifications in Neuroradiology

SM/JC