

DAMADIAN MRI IN CANARSIE, P.C.

2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234

t 718.209.1070 f 718.209.1138

TUWANDA RANDALL
DOB: 11/17/1964
Exam Date: 07/07/2022

N10109613-CA Report Date: 07/10/2022

GORDON DAVIS, DO
1611 EAST NEW YORK AVE
BROOKLYN, NY 11212-

MAGNETIC RESONANCE IMAGING OF THE RIGHT FOOT

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position.

HISTORY: The patient complains of right foot pain, status post work injury 5/10/2022. As per patient third toe fracture.

INTERPRETATION: This study is targeted to the symptomatic midfoot and forefoot region and the hindfoot is not evaluated on this exam.

There are hypertrophic changes at the tarsometatarsal articular margins dorsally at each of the levels but greater at the second tarsometatarsal articulation.

There is dorsal subcortical reactive bone marrow edema involving the first and second tarsometatarsal articular margins, greatest at the second tarsometatarsal joint and limited to the more lateral aspect of the first tarsometatarsal joint. There is first metatarsophalangeal joint space narrowing with spur formation involving the lateral subarticular margin of the first metatarsal head and mildly involving the bases of the first proximal phalanx. There is spur formation involving the first metatarsal head plantar surface with the sesamoids.

There is cortical erosion and subcortical reactive change involving the navicular and there is dorsal spur formation at the talonavicular articulation. There is also calcaneocuboid dorsal spur formation.

There appears to be a flat foot.

There is dorsal edema at the tarsometatarsal articular margin particularly at the level in the vicinity of the second digit.

TUWANDA RANDALL

N10109613

Exam Date:

07/07/2022

Page 2 of 2
FOOT RIGHT MRI 73718

Osseous signal and morphology of the visualized tarsals, metatarsals and phalanges are otherwise unremarkable. The remaining muscles and tendons remain, otherwise, unremarkable in signal and morphology. Subcutaneous regions otherwise demonstrate no masses or infiltrations.

IMPRESSION:

- Hypertrophic changes at the tarsometatarsal articular margins dorsally at each of the levels but greater at the second tarsometatarsal articulation.
- Dorsal subcortical reactive bone marrow edema involving the first and second tarsometatarsal articular margins, greatest at the second tarsometatarsal joint and limited to the more lateral aspect of the first tarsometatarsal joint.
- First metatarsophalangeal joint space narrowing with spur formation involving the lateral subarticular margin of the first metatarsal head and mildly involving the bases of the first proximal phalanx.
- Spur formation involving the first metatarsal head plantar surface with the sesamoids.
- Cortical erosion and subcortical reactive change involving the navicular and there is dorsal spur formation at the talonavicular articulation.
- Calcaneocuboid dorsal spur formation.
- Flat foot.
- Dorsal edema at the tarsometatarsal articular margin particularly at the level in the vicinity of the second digit.

Thank you for referring your patient to us for evaluation.

Sincerely,



Steven Winter, M.D.
Diplomate of the American Board of Radiology
Fellowship Trained in Musculoskeletal Radiology
SW/BC