

All County, LLC

Diagnostic Radiology

Article 28 Diagnostic & Treatment Center

Cert. No. 7003267R

05/26/22

Aleksandr Kopach, PA
430 W Merrick Road
Suite# 2
Valley Stream, NY 11580
Fax #:(516) 612-7290

Re: Sean C Milliner
DOB: 07/22/1986
Pt. Tel#
Patient#: 300684

Dear Dr. Kopach:

MRI OF THE LEFT WRIST

TECHNIQUE: Sagittal T1 weighted and T2 weighted fast spin-echo and STIR images were obtained. Coronal T2 weighted fast spin-echo images were obtained. Axial T1 and T2 weighted fast spin-echo images were obtained.

A skin marker was placed over the dorsum of the lunate indicating the location of maximal clinical concern.

Findings: There is ulnar negative variance. The distal radioulnar joint is intact. There are distal attachment sprains of the triangular fibrocartilage with a prestyloid recess effusion. The remainder of the fibrocartilage complex is intact including the ulnomeniscal homologue and extensor carpi ulnaris tendon subsheath. Radiocarpal and ulnocarpal intervals are preserved. The proximal carpal row is unremarkable including the scapholunate ligament. There is no significant lunate tilt. There is no midcarpal instability. The distal carpal row is intact. Carpometacarpal joints are preserved. The carpal tunnel is patent. Flexor digitorum tendons within and distal to the carpal tunnel are intrinsically intact. Dorsal extensor tendon compartments are preserved. There is a dorsal intercarpal ligament sprain. There is a dorsal radiotriquetral ligament sprain.

IMPRESSION:

1. Distal attachment sprains of the triangular fibrocartilage.
2. Dorsal intercarpal ligament sprain.

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Page 2

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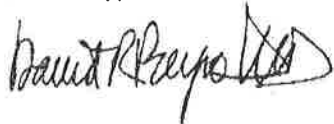
Patient#: 300684

MRI OF THE LEFT WRIST

3. Dorsal radiotriquetral ligament sprain.

Thank you for the courtesy of this referral.

Sincerely,



David R. Payne, M.D.

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

ALL COUNTY, LLC

T: 05/31/2022 10:33 AM

DP/VC

Electronically approved by: David Ross Payne, MD Date: 05/31/22 17:00