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Exam requested by:
GORDON DAVIS DO
1611 E NEW YORK AVE
BROOKLYN NY 11221

SITE PERFORMED: MILL BASIN
SITE PHONE: (718) 220-2500

Patient: SHABAZZ, FITZROY
Date of Birth: 09-07-1942
Phone: (315) 992-2612
MRN: 14443944R Acc: 1022701926
Date of Exam: 04-18-2022

EXAM: CT RIGHT ANKLE WITHOUT CONTRAST

Note - This patient has received 2 CT studies and 0 Myocardial Perfusion studies within our network over the previous 12 month period.

HISTORY: Pain. Prior ankle fracture.

TECHNIQUE: Multiple axial CT images were obtained through the right ankle without the use of intravenous contrast. Coronal and sagittal images were reconstructed from the axial data. One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique.

COMPARISON: 3/25/2022 radiographs.

FINDINGS:

Osseous structures: Status post ORIF of trimalleolar fracture with fixation plate at lateral aspect of distal fibula with multiple transfixing screws, medial malleolar fracture with 2 cannulated screws, and posterior tibial plafond fracture with single cannulated screw. No evidence of hardware failure. Complete bony bridging across all fracture sites with no residual lucent fracture line.

Small plantar calcaneal enthesophyte.

Avulsion fracture with corticated margins at anterior aspect of distal fibula.

Avulsion fracture with corticated margins at lateral talar process.

Punctate avulsed fragment at tip of medial malleolus.

Heterotopic ossification across interosseous membrane.

Joints: Mild osteoarthritis at tibiotalar joint with joint space narrowing, subchondral cysts.

Tendons and ligaments: No tendon or ligament thickening or obvious fat-filled or fluid-filled tears within the limits of CT technique.

Subcutaneous tissues: No edema or fluid collection. No mineralization.

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Muscles: No selective muscle atrophy or attenuation abnormality. No mineralization.

IMPRESSION: CT of the right ankle demonstrates:

Status post ORIF of trimalleolar fracture with fixation plate at lateral aspect of distal fibula with multiple transfixing screws, medial malleolar fracture with 2 cannulated screws, and posterior tibial plafond fracture with single cannulated screw. No evidence of hardware failure. Complete healing across all fracture sites.

Avulsion fracture with corticated margins at anterior aspect of distal fibula.

Punctate avulsed fragment at tip of medial malleolus.

Mild osteoarthritis at tibiotalar joint.

Heterotopic ossification across interosseous membrane.

Small plantar calcaneal enthesophyte.

Thank you for the opportunity to participate in the care of this patient.

AMY LIEBESKIND MD - *Electronically Signed: 05-10-2022 12:00 PM*
Physician to Physician Direct Line is: (646) 902-3729

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