

PATIENT NAME: CASTILLO ANNEL
REFERRING PHYSICIAN: DR. MATHEW

DOB: 07/02/1988
DOS: 07/05/2022

MRI OF THE RIGHT WRIST

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the right wrist were obtained in axial, sagittal and coronal planes without administration of intravenous contrast.

FINDINGS: There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration. The carpal bone alignment is intact without volar or dorsal intercalated segmental instability (VISI/DISI) suggestive of intact scapholunate and lunotriquetral ligaments. The triangular fibrocartilage is grossly intact. The flexor tendons and the median nerve are normal in caliber.

The extensor tendon sheaths are mildly distended with fluid, consistent with tenosynovitis. There is fluid in intercarpal and distal radioulnar joints consistent with recent trauma or synovitis, in an appropriate clinical setting. There are several additional subcortical cysts throughout the carpal bones. CT of the wrist is recommended for further evaluation. There is widening up to the 4.0 mm of the scapholunate space, suggestive tear of the scapholunate ligament.

IMPRESSION:

1. Extensor tendon sheaths are mildly distended with fluid, consistent with tenosynovitis.
2. Fluid in intercarpal and distal radioulnar joints consistent with recent trauma or synovitis, in an appropriate clinical setting.
3. Several additional subcortical cysts throughout the carpal bones. CT of the wrist is recommended for further evaluation.
4. Widening up to the 4.0 mm of the scapholunate space, suggestive of tear of the scapholunate ligament.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed