

## STAND-UP MRI OF THE BRONX, P.C.

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MULTI-POSITION-MRI

Accredited by the American College of Radiology

**ESTARLIN MARTINEZ** 

N10038028-BI

Report Date:

10/14/2021

MARTE DOB:

09/28/1995

Exam Date:

10/13/2021

CLARKE, COLIN MD 2598 THIRD AVENUE BRONX, NY 10454

## X-RAY OF THE LEFT FINGER

TECHNIQUE: PA hand, oblique, and lateral fifth digit.

HISTORY: 26-year-old male with left finger pain.

COMPARISON: None.

**INTERPRETATION:** 

Mineralization: Unremarkable.

Bones/joints: There is abnormal configuration to the proximal shaft of the proximal phalanx of the fifth digit just distal to the base. Loss of a smooth expected subtle biconcave bony contour to the phalanx at this level is noted. There is mild heterogeneity to the trabecular markings at this location. No evidence of a distinct cortical break or definite periosteitis is seen. Abnormal bony contour configuration is also noted at the neck of the fifth metacarpal with vaguely suggested relatively transverse fracture plane at this location. Subtle periosteitis suggested about the region. Indistinctness to the fracture plane suggests healing. No such findings or frank acute fracture deformities are seen elsewhere. No destructive bony lesions are present. Asymmetry to the joint space at the fifth PIP joint level is noted. This is seen in association with an apparent persistent flexion deformity at this level. Questionable subchondral cystic change and subtle subchondral sclerosis noted at the fifth DIP joint location. Further bone and joint evaluation suggests asymmetric joint space narrowing along the radial aspect of the radiocarpal joint.

Soft tissues: There may be slight fullness to the soft tissues about the second through fifth digits, uncertain as to patient body habitus versus reflecting underlying abnormality at these levels. Further soft tissue evaluation is unremarkable.

## IMPRESSION:

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- Bony contour irregularity at the fifth proximal phalanx near the base as well as at the fifth
  metacarpal neck indicates changes suggesting healing fracture deformities. Correlate
  clinically and with prior imaging for further determination.
- There appears to be degenerative changes involving the joint spaces at the fifth digit at the DIP and questionable PIP joint levels. Apparent degenerative changes at the radiocarpal joint level. Correlate clinically.
- There appears to be persistent flexion deformity at the fifth PIP joint location. It is possible that the apparent joint space narrowing at this level could alternatively be related to this deformity. This may either reflect the sequela of poor patient positioning versus possible extensor tendon malfunction related change. Correlate clinically to determine whether additional imaging evaluation with MR would be required.

Sincerely,

Michele Awobuluyi, MD

Diplomate of the American Board of Radiology

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