



MULTI-POSITION MRI

STAND-UP MRI OF CARLE PLACE, P.C.

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Accredited by the American College of Radiology

LAUREN LOPEZ**N10097661-CP****Report Date: 06/25/2022****DOB: 03/01/1974****Exam Date: 06/24/2022****PHYLLIS GELB MD****430 WEST MERRICK ROAD****VALLEY STREAM, NY 11580****MAGNETIC RESONANCE IMAGING SCAN OF THE LEFT WRIST**

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 30 degree tilt position.

HISTORY: The patient complains of left wrist pain, MVA.

INTERPRETATION: The extensor carpi ulnaris tendon is inhomogeneous with tendinosis/tendinopathy and is medially and anteriorly displaced with respect to its typical location at the groove of the distal ulna which is congenitally shallow. It is perched at the medial to slightly dorsomedial margin of the ulnar styloid and the findings are compatible with ECU subsheath insufficiency.

There is fluid at the distal radioulnar joint.

The triangular fibrocartilage is attenuated approximately 1-2 mm in size at its radial attachment site compatible with partial tear/fenestration at the ulnar surface but without full thickness communication.

There is first metacarpophalangeal joint space narrowing and thinning of the chondral surfaces and hypertrophic changes. There is first carpal-metacarpal joint space narrowing with primarily medial spur formation, subcortical reactive changes and cortical thinning at the lateral articular margins of the first metacarpal base with respect to the trapezium. There is first carpal-metacarpal synovial fluid and there is lateral position of the metacarpal base with respect to the trapezium.

There is small cystic change involving the proximal lateral capitate.

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There is some narrowing of the triscaphe articulation.

The patient had a great deal of difficulty remaining still for the examination. There is clarity reduction due to patient motion which persisted throughout the examination. The best obtainable study was performed in this respect.

Osseous signal and morphology are otherwise unremarkable. There is no other evidence of significant effusion or focal mass or altered signal in the soft tissues. The radial and ulnar collateral ligaments appear otherwise unremarkable. Flexor retinaculum is otherwise intact and there is no evidence of abnormal fluid in the superficial or deep flexor compartment.

IMPRESSION:

- Extensor carpi ulnaris tendon is inhomogeneous with tendinosis/tendinopathy and is medially and anteriorly displaced with respect to its typical location at the groove of the distal ulna which is congenitally shallow. It is perched at the medial to slightly dorsomedial margin of the ulnar styloid and the findings are compatible with ECU subsheath insufficiency.
- Fluid at the distal radioulnar joint.
- Triangular fibrocartilage is attenuated approximately 1-2 mm in size at its radial attachment site compatible with partial tear/fenestration at the ulnar surface but without full thickness communication.
- First metacarpophalangeal joint space narrowing and thinning of the chondral surfaces and hypertrophic changes.
- First carpal-metacarpal joint space narrowing with primarily medial spur formation, subcortical reactive changes and cortical thinning at the lateral articular margins of the first metacarpal base with respect to the trapezium.
- First carpal-metacarpal synovial fluid and there is lateral position of the metacarpal base with respect to the trapezium.
- Small cystic change involving the proximal lateral capitate.
- Some narrowing of the triscaphe articulation.

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- The patient had a great deal of difficulty remaining still for the examination. There is clarity reduction due to patient motion which persisted throughout the examination. The best obtainable study was performed in this respect.

Thank you for referring your patient to us for evaluation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven Winter', with a stylized, cursive script.

Steven Winter, M.D.

Diplomate of the American Board of Radiology
Fellowship Trained in Musculoskeletal Radiology
SW/BC