

MRI Left Ankle Sample Report

PATIENT: DOE, REGINA
DATE OF BIRTH: 1/4/1967
PHYSICIAN: BANNER, ROSS DR.
DATE: 1/1/2013
EXAMINATION: MRI left ankle

Indication: Basketball injury. Rolled ankle. Lateral pain and swelling.

Technique: Axial spin-echo T1, proton density, and fat-suppressed fast spin-echo T2. Sagittal spin echo T1 and fat suppressed double echo. Coronal spin echo T1 and fat-suppressed proton density.

Findings:

No fracture or acute focal bony lesion is seen. The Stieda process of the talus is moderately prominent. No osteochondral lesion of the talar dome is seen. Other joint spaces are intact.

There are moderate to high-grade partial tears of the anterior talofibular ligament and the calcaneofibular ligament. Other components of the lateral collateral ligament complex are intact. All other ankle ligaments are intact.

There is a short longitudinal split of the peroneus brevis tendon just distal to the fibular groove. The foot was imaged in slight plantar flexion, and the insertion of this tendon is not included. There is moderate to marked tenosynovitis of both peroneal tendons.

There is moderate tenosynovitis of the posterior tibialis, with mild tendinosis. The other tendons crossing the ankle are intact.

Inferior peroneal retinacula, flexor retinaculum, and extensor retinaculum are intact. Upper and lower components of the tarsal tunnel, medial and inferior calcaneal nerves, medial and lateral plantar nerves, and sinus Tarsi are intact.

A moderate to large effusion is seen in the tibiotalar joint, extending both anteriorly and posteriorly. A moderate effusion in the posterior subtalar joint extends posteriorly greater than anteriorly.

There is marked subcutaneous edema overlying the lateral lower leg and ankle.

The Achilles tendon, plantar fascia, and intrinsic muscles of the foot are unremarkable.

Impression:

1. No acute bony lesion. Talar dome and joint spaces are intact.
2. Moderate to high-grade partial tears of the anterior talofibular ligament and calcaneofibular ligament. All other ankle ligaments are intact.
3. Short longitudinal split of the peroneal brevis tendon, with moderate to marked tenosynovitis of both peroneal tendons. The insertion of the peroneus brevis tendon is not included on this study.
4. Moderate tenosynovitis and mild tendinosis of distal posterior tibialis. Other tendons crossing the ankle are intact.
5. Moderate to large tibiotalar joint effusion and moderate posterior subtalar joint effusion.
6. Marked lateral subcutaneous edema.

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