

Sample Report

Patient Name: XXXXX XXXXXX
MR Number: 551031
Referred By: XXXXX XXXXX MD
Date of Birth: XX/XX/1937
Exam Date: 6/5/13
Exam Type: Right Hand

Location:
Office Fax: 3309284320
Accession #: 167926

CLINICAL INFORMATION: 76-year-old female with pain and swelling of the right hand for several years. Rule out rheumatoid arthritis.

TECHNIQUE: Axial, sagittal, and coronal fat and water weighted images emphasize the hand from the level of the MCP joints through the digit.

FINDINGS:

A 7 mm erosion or similar edematous lesion is observed within condyle of the fifth digit proximal phalanx. Moderate edema is noted within the condyle and low grade chondromalacia at the PIP joint.

Relatively elongated marrow edema is observed within the central intermediate phalanx of the long finger. Spurs and possible peripheral marginal erosions are noted at the PIP joint of the third digit. DIP spurs are noted at the index and long fingers compatible with osteoarthritis. Moderate chondromalacia is noted at the interphalangeal joint of the thumb. The MCP joints are congruent without a fracture, osteitis, or well-defined peripheral erosions.

The extensor and flexor tendons are intrinsically normal without tearing or tenosynovitis.

No palmar bowing to suggest disruption of the fibro-osseous pulleys.

No synovial cyst, ganglion, or peri-articular soft tissue mass is evident.

Peri-articular edema is noted about the PIP joint of the fifth digit and moderate dorsal subcutaneous edema is located dorsal to the intermediate phalanx of the long finger.

No tears of the MCL collateral ligaments.

There is a physiologic volume of joint fluid without large joint effusions.

IMPRESSION: (MRI OF THE RIGHT HAND)

A subchondral cystic lesion or 7-8 mm erosion is noted within the condyle of the fifth digit proximal phalanx with peri-articular edema. Surrounding marrow edema suggests an active process including RA and other erosive arthropathies.

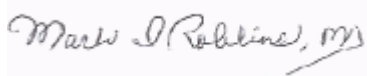
Relatively widespread cancellous marrow edema or similar signal alteration is noted within the intermediate phalanx of the third digit (long finger) intermediate phalanx with possible peripheral marginal erosions, and spurs. The marrow abnormality is somewhat more widespread than the usual subchondral cyst or erosion, and is of uncertain histology but may be degenerative in nature given associated is chondromalacia and spurring at the PIP joint. In addition to these findings which may be related to an erosive arthropathy is DIP osteoarthritis of the index long and ring finger DIP joints.

Moderate chondromalacia and spurring with a small effusion and synovitis is noted at the interphalangeal joint of the thumb.

No aggressive or acute erosions are noted at the second through fifth MCP joints.

The extensor and flexor tendons demonstrate no tearing or marked tenosynovitis.

Thank you for your referral and the opportunity to provide your interpretation. If you have any questions about this report, please call 888.ART.4MRI (278.4674).



THIS REPORT WAS ELECTRONICALLY SIGNED

Mark I. Robbins, M.D.

MIR / pd

Dictated: 6/6/13 10:10 am

Transcribed: 6/7/13 4:45 am

Signed: 6/7/13 9:50 am