Sample Report

Patient Name: XXXX XXXXXXXX
MR Number: 551246
Referred By: XXXX XXXXXXX, DPM
Date of Birth: XX/XX/1961
Exam Date: 1/8/14
Exam Type: Left Foot

Location:
Office Fax:

Accession #: 173889

CLINICAL INFORMATION: 52-year-old female with pain with history of injections and treatment for six months with persistent pain in the second toe area.

TECHNIQUE: Long axis T1 inversion recovery, sagittal T1 inversion recovery, short axis dual echo and inversion recovery images of the left forefoot were performed. This is directly compared to a prior study dated June 19, 2013.

FINDINGS:

There is decrease in the extent of edema in the head and neck and distal one-third shaft of the second metatarsal likely representing some resolving marrow edema associated with the pre-existing pathology that was treated with conservative therapy and off loading. This is significantly improved compared to the prior study. There is residual area of subcortical marrow edema along the dorsal head of the second metatarsal without significant flattening. This may reflect an area of an osteochondral lesion with reactive marrow edema that was obscured on the previous study due to the diffuse marrow edema. Marrow signal throughout the second proximal phalanx is nearly completely resolved. Small joint effusion. The collateral ligaments and plantar plates are intact. No evidence of pre-dislocation syndrome. No fracture.

Again noted is surgical hardware in the distal first metatarsal base of the first proximal phalanx for proximal bunionectomy and osteotomy unchanged from the prior study. Again noted is lateral sublux of the hallucal sesamoids and flexor hallucis longus tendon laterally. This is stable compared to the prior study.

Stable perineural fibrosis along the second interdigital nerve without a discrete mass. Minimal fluid is again noted in the third interspace without neuroma or perineural fibrosis. First and fourth intermetatarsal webspaces are normal.

Flexor and extensor tendons and distal plantar fascia are intact. Forefoot musculature is normal. The remaining plantar plates and collateral ligaments at the metatarsophalangeal joints are intact. No pre-dislocation syndrome.

IMPRESSION:

Compared to a prior study dated June 19, 2013 there is significant resolution of the marrow edema along the distal second metatarsal and base of the second proximal phalanx favored to be related to the conservative therapy and off loading. There is no clear evidence of Freiberg's infraction or fracture on the study. There is a focal osteochondral lesion along the dorsal head of the second metatarsal measuring 4 mm with overlying high grade chondromalacia which is likely there on the previous study but obscured by the surrounding marrow edema.

Plantar plates and collateral ligaments at the second metatarsophalangeal joint are intact.
Small effusion at the second metatarsophalangeal joint.

Stable perineural fibrosis along the second interdigital nerve unchanged from the prior study. No definite neuroma or soft tissue mass.

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).

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THIS REPORT WAS ELECTRONICALLY SIGNED
Joel L. Rosner, M.D.

JR / pd

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