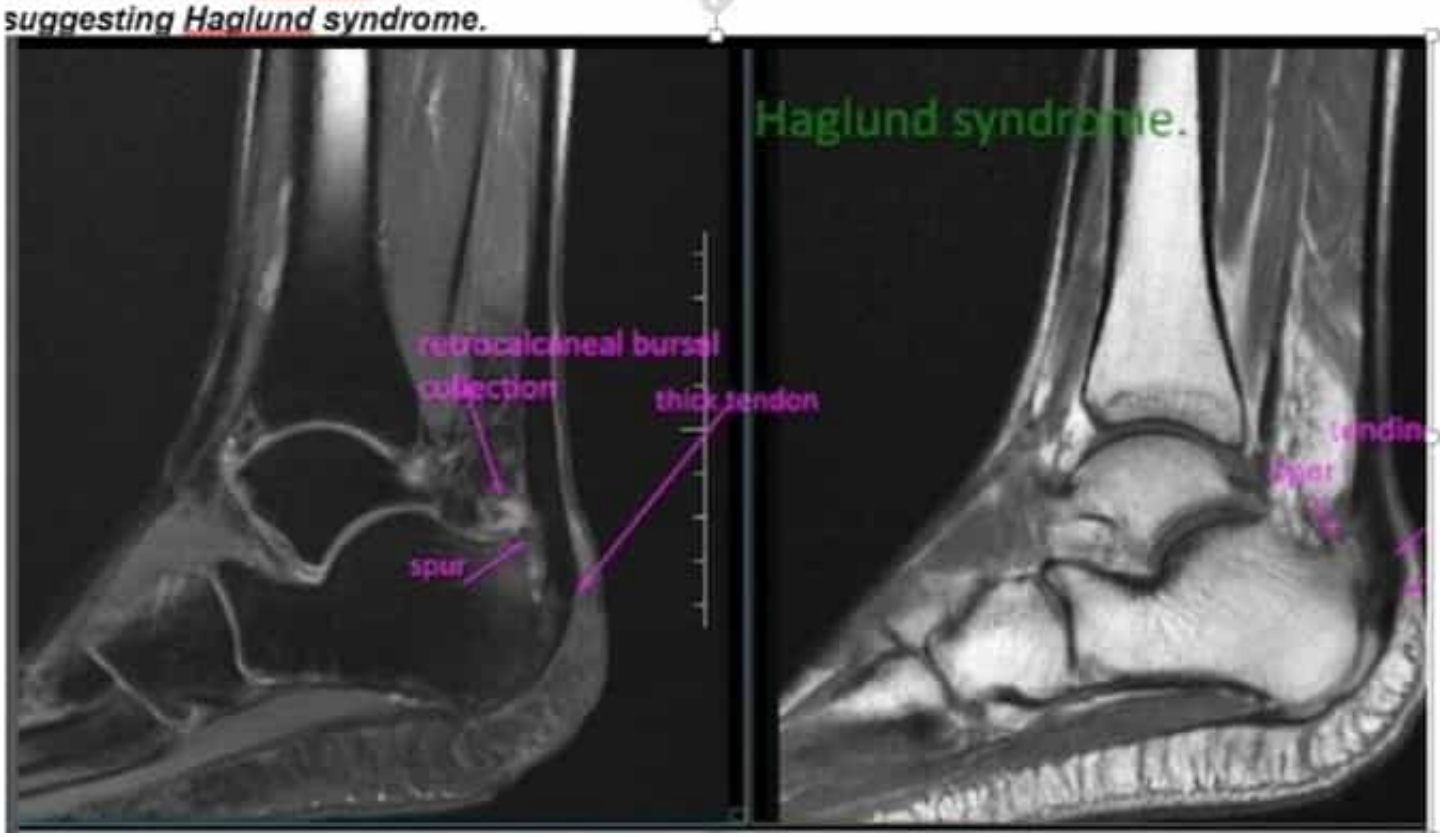
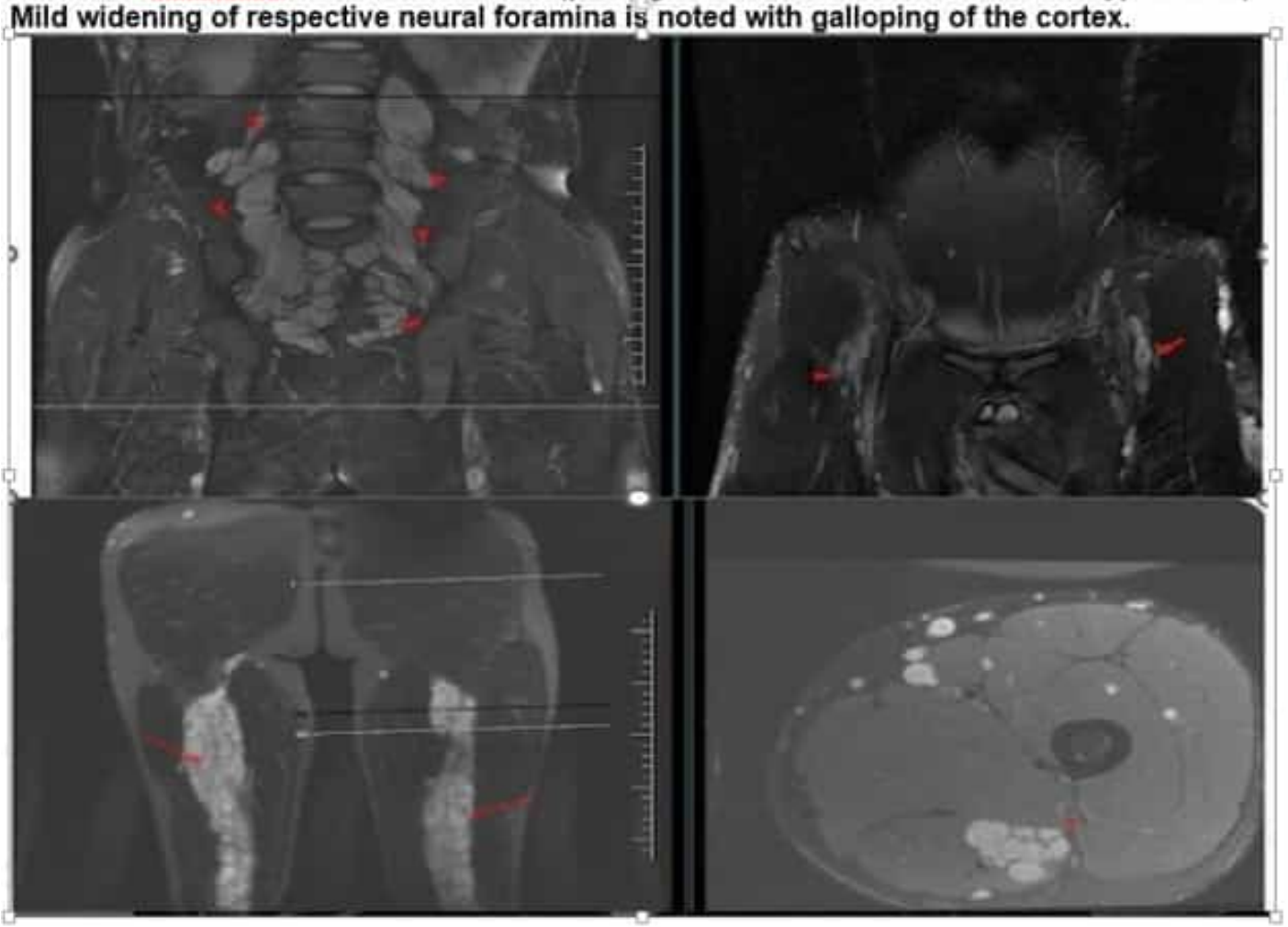
HAGLUND SYNDROME

Findings suggestive of insertional Achilles tendinopathy with retrocalcaneal bursitis associated with postero-superior calcaneal spur and subtle reactive bone marrow edema - *suggesting Haglund syndrome.*



Plexiform Neurofibromatosis (neurofibromatosis type 1 NF1).
Extensive multilobulated cord like and linearly oriented T2 hyperintense mildly enhancing structures are noted arising from bilateral visualized lower lumbar, sacral neural foramina traversing inferiorly and laterally along the course of the respective exiting nerve roots, extending caudally into the pelvis , the greater sciatic foramen to bilateral thigh – suggestive of extensive Plexiform Neurofibromatosis (pathognomonic of neurofibromatosis type 1 NF1).
Mild widening of respective neural foramina is noted with galloping of the cortex.



GREENSTICK FRACTURE WITH ACUTE OSTEOMYELITIS

There is evidence of small focal STIR hyperintensity at proximal aspect of medial aspect of distal femoral growth plate – suggestive of Focal periphyseal edema zones (FOPE zones)

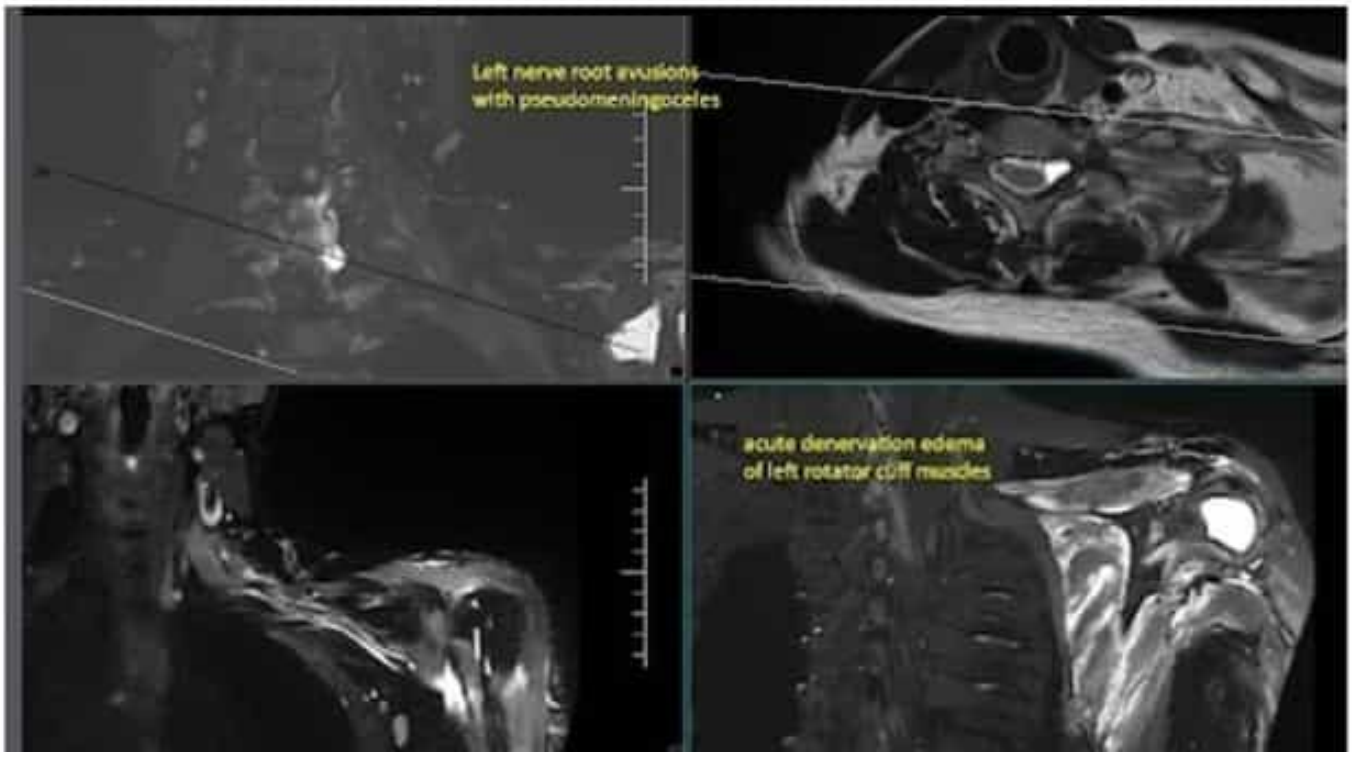


Left brachial plexus nerve root avulsions with acute denervation edema of left rotator cuff muscles

Small CSF intensity cystic spaces involving the medial aspect of left C6-C7, C7-T1, T1-T2, T2-T3 neural foramina with featureless appearance at neural foramina, suggestive of pseudomeningocele formation related to nerve root avulsions (grade IV to V preganglionic injury of the left C7, C8, T1 and T2 nerve roots).

The right brachial plexus demonstrates increased STIR signal intensity along the C6, C7, C8 nerve roots, trunks up to the level of clavicle – suggestive of grade II to III right brachial plexus injury.

Incidentally noted left glenohumeral joint effusion with periarticular muscle edema predominantly involving the rotator cuff muscles suggestive of acute denervation edema

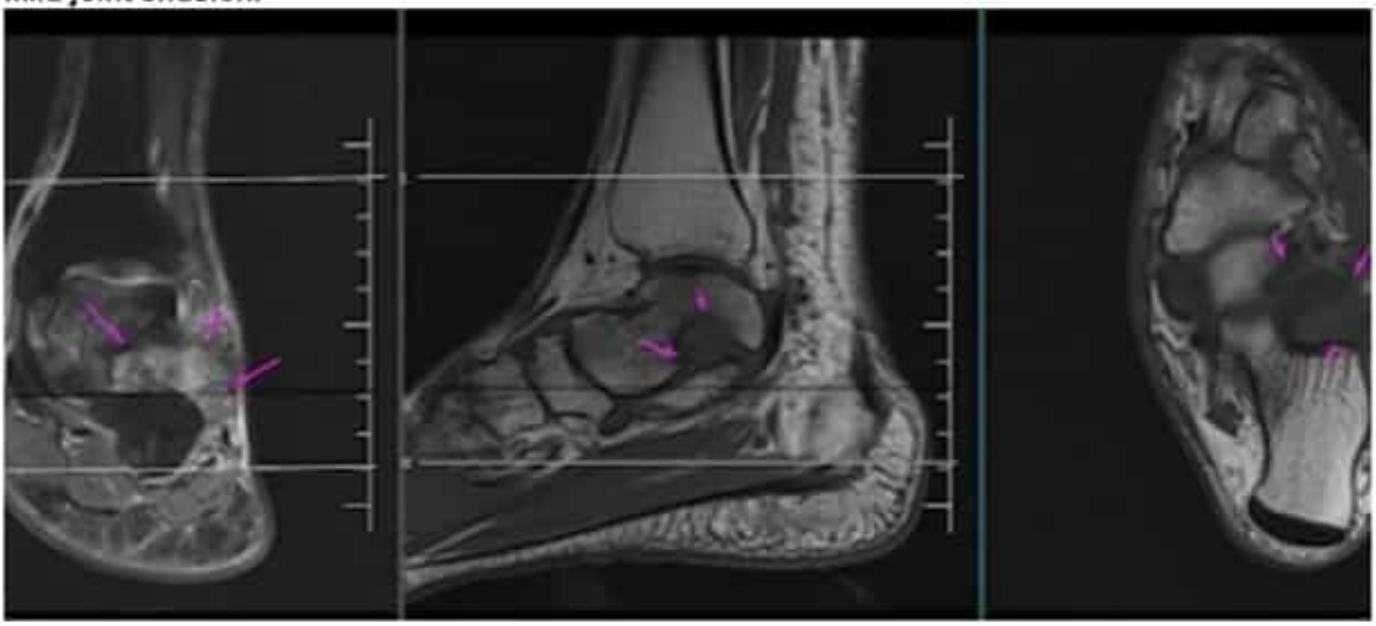


SINUS TARSI SYNDROME

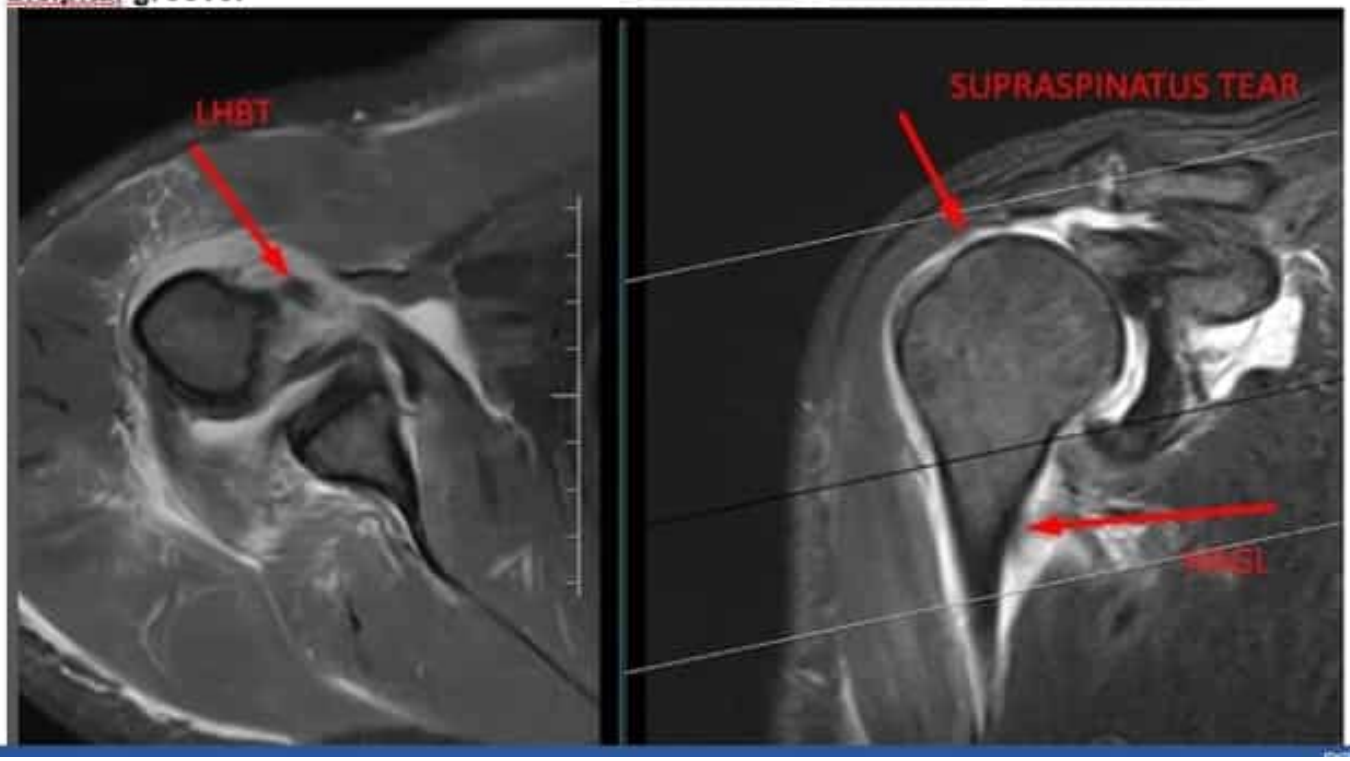
Marked high STIR signals involving the sinus tarsi – suggestive of Sinus tarsi syndrome

Marked focal subchondral bone marrow edema at medial aspect of talocalcaneal joint with overlying cartilage loss and small erosions of the articular margins – suggestive of talo calcaneal arthrosis , likely related to fibrous talo calcaneal coalition

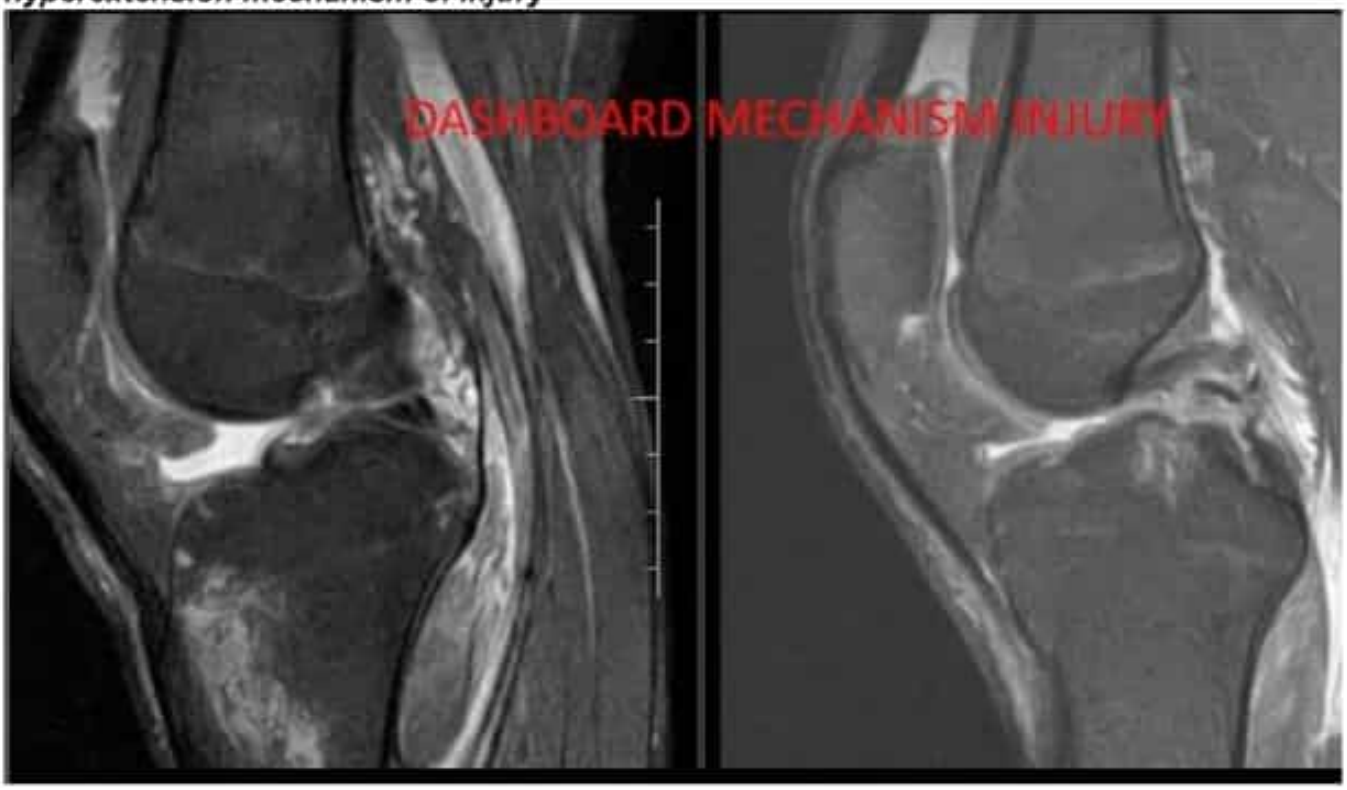
Mild joint effusion.



Full thickness supraspinatus , infraspinatus tendon tear with coracohumeral ligament disruption and resultant long head of biceps dislocation along with HAGL
Full thickness, partial width tear involving distal supraspinatus tendon with 3.3 cm medial retraction from the level of greater trochanter. Supraspinatus muscle atrophy (Goutallier grade II)
Full thickness tear involving the distal infraspinatus tendon with tendon retraction.
Distal subscapularis tendinosis with small partial thickness tear involving superior fibers.
Disruption of coracohumeral ligament
Medial displacement of the long head of biceps tendon out of the bicipital groove (disruption month long head of biceps tendon sheath due to coracohumeral ligament tear)
Findings suggestive of humeral avulsion of inferior gleno-humeral ligament at anterior band (HAGL)
Marked joint effusion with fluid collections, subdeltoid, subacromial, subcoracoid bursa and bicipital groove.



Dashboard mechanism of knee injury
Marrow contusion involving the tibial tuberosity
Small marrow contusions involving the lateral femoral condyle as well as lateral tibial plateau, close to each other - *suggestive of kissing contusions.*
Grade III tear of posterior cruciate ligament at midsubstance
Moderate joint effusion (lipohemarthrosis) – *Findings suggestive of Dashboard / hyperextension mechanism of injury*



AVASCULAR NECROSIS OF TALUS

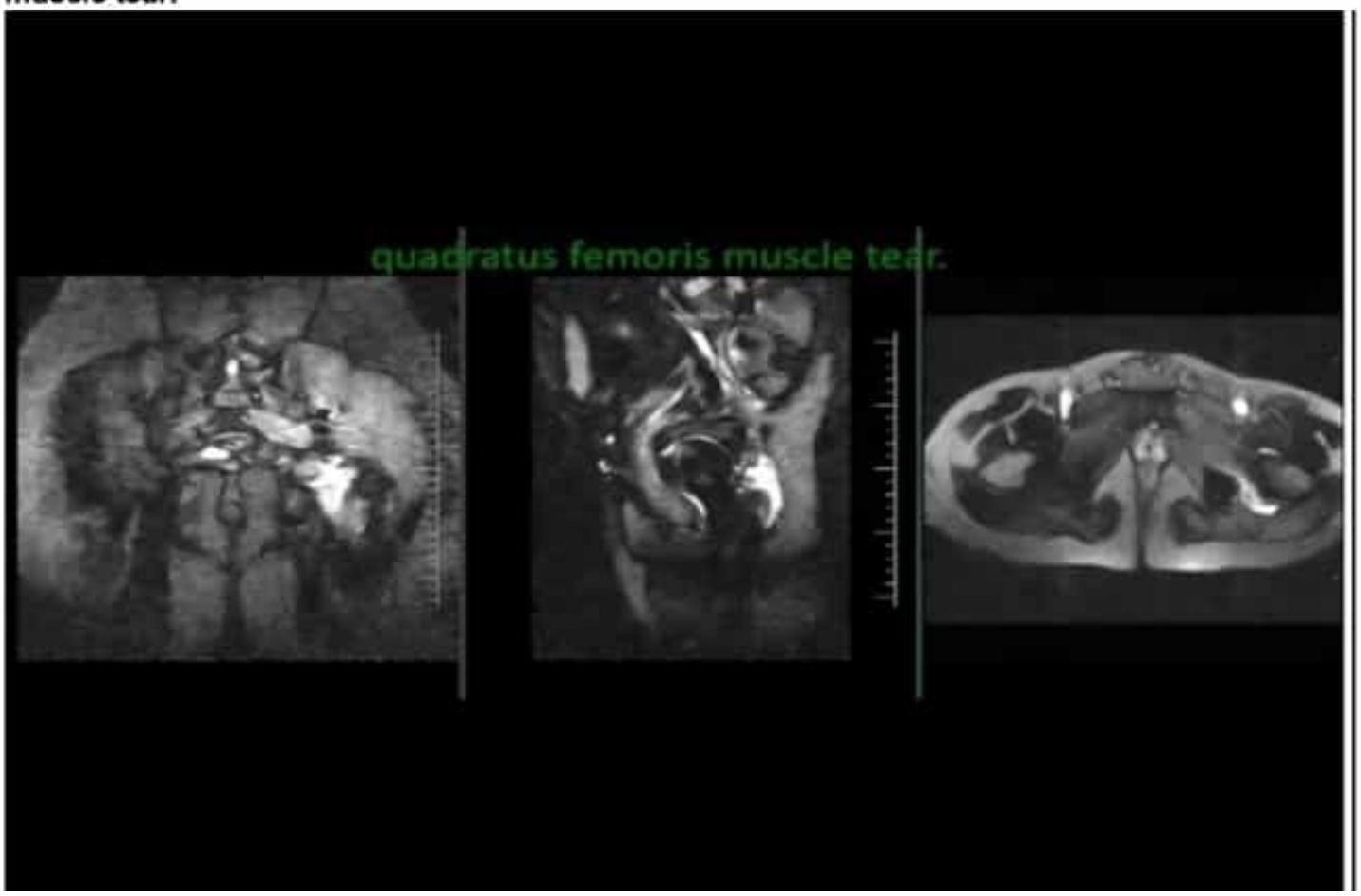
Slight reduction in the height of talus with diffuse altered bone marrow signal intensity involving the talar dome, replacing the normal T1 fatty bone marrow signals, extending to the talar neck and anterior process demonstrating double line sign at the anterior talar process – suggestive of avascular necrosis of talus

Marked ankle joint effusion with evidence of mild diffuse synovial thickening and small extraarticular synovial outpouchings – suggesting secondary synovitis



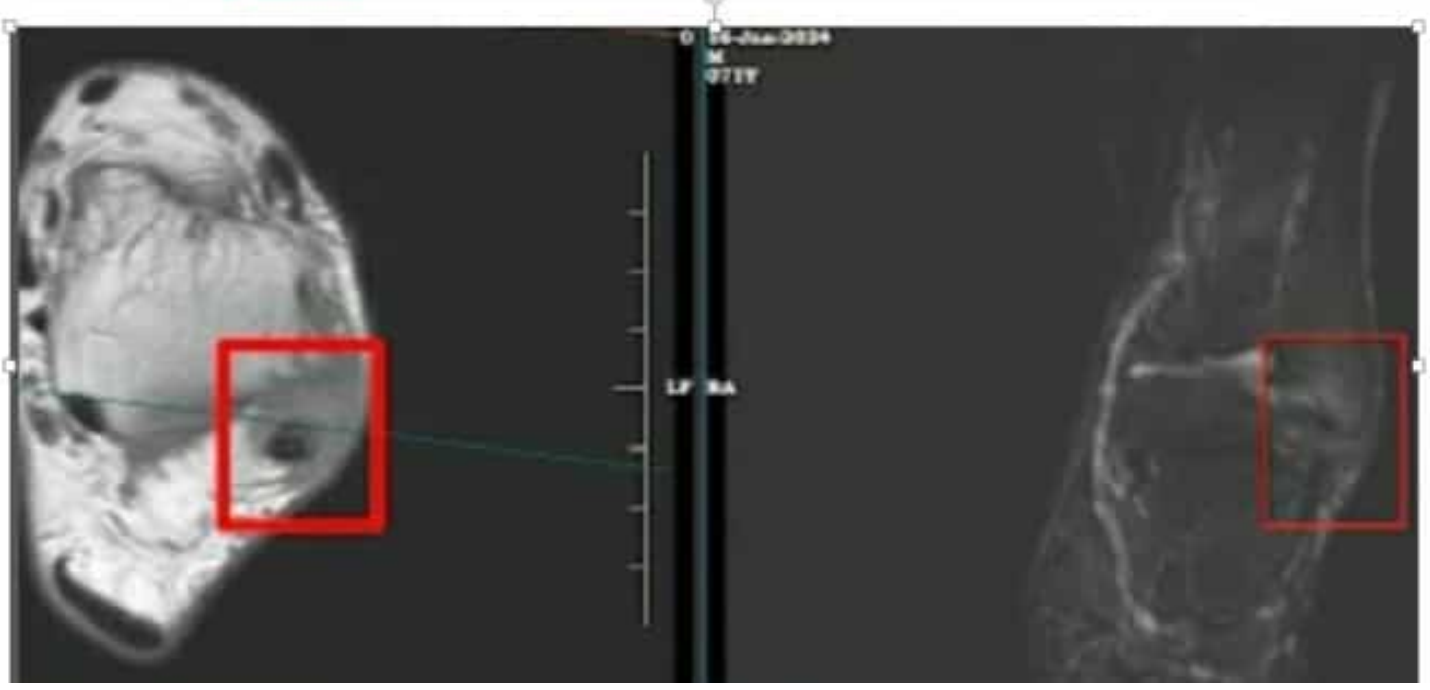
MRI - BOTH HIP JOINTS & PELVIS

T2/STIR images demonstrate high signal intensity involving the muscle belly of quadratus Femoris muscle posterior to the lesser trochanter of femur – suggestive of quadratus femoris muscle tear.

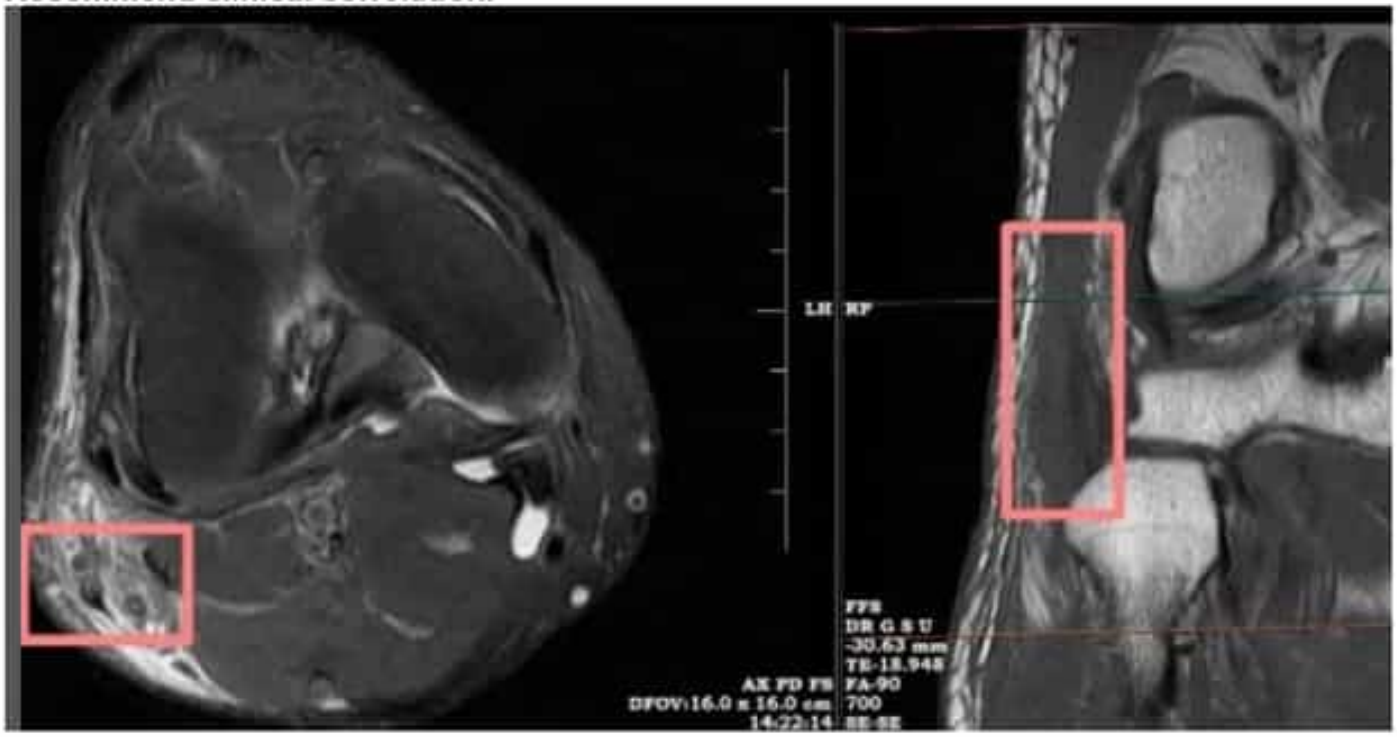


Mild hindfoot valgus with reduction in the subfibular space.

Evidence of abnormal soft tissue encasing the peroneus longus, brevis tendons at subfibular region, associated with focal synovial thickening around the lateral aspect of subtalar joint and patchy reactive bone marrow edema involving the lateral malleolus (distal end of fibula) – "*suggestive of peroneal tenosynovitis with lateral hind foot impingement syndrome*".



Grade III intrasubstance tear of distal biceps femoris tendon over an approximate length of 4.5 cm upto the fibular attachment.
Normal fibular collateral ligament and popliteus tendon
No evidence of bony avulsion.
Recommend clinical correlation.



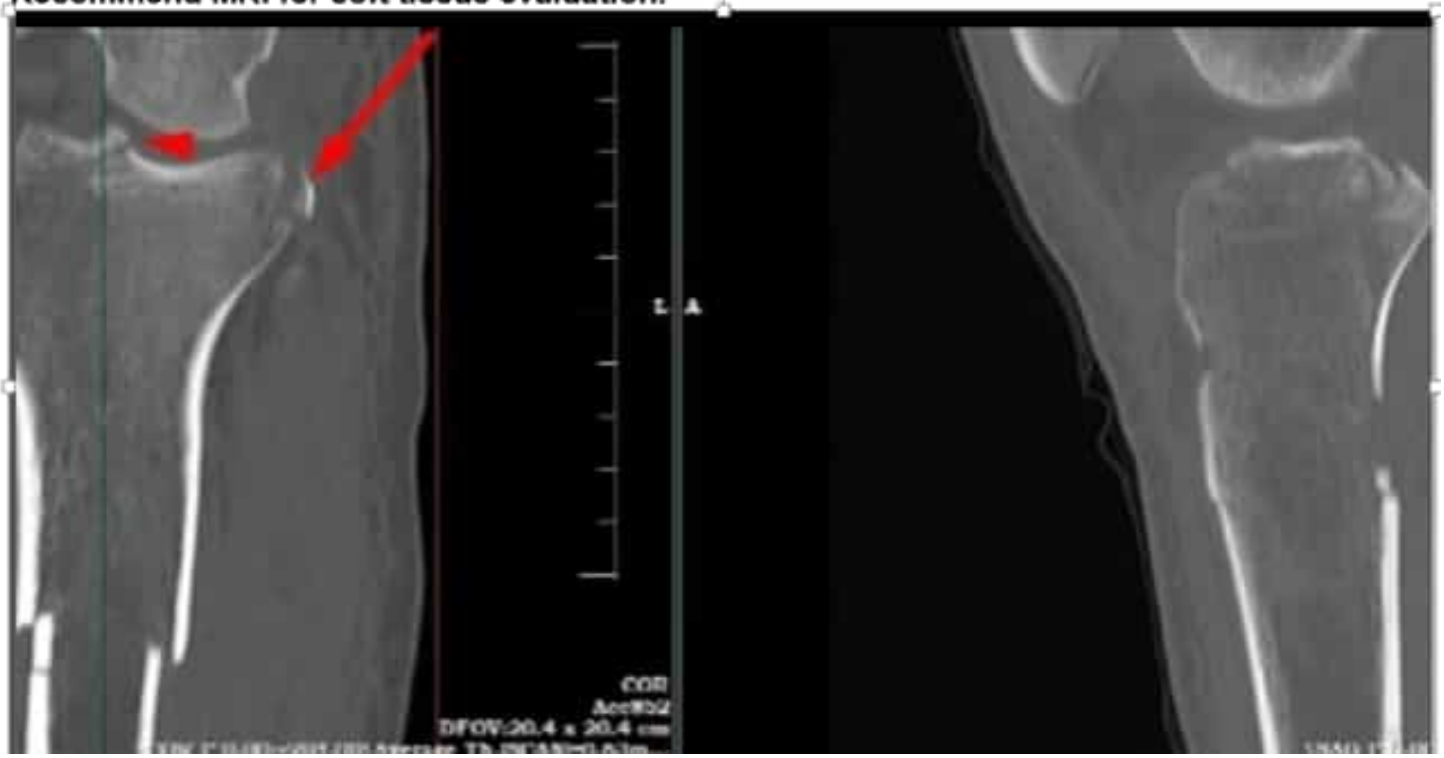
Linear mildly displaced fractures. Proximal tibia diaphysis, metaphysis extending to the intercondylar eminence.

Small fracture at the lateral cortex of lateral tibial plateau – "suggestive of capsular avulsion fracture (Segond fracture").

Suspicious bony avulsion of anterior cruciate ligament stop the tibial attachment along with structure fragment which is slightly elevated by 0.2 cm

Moderate to severe joint effusion (lipohemarthrosis).

Recommend MRI for soft tissue evaluation.

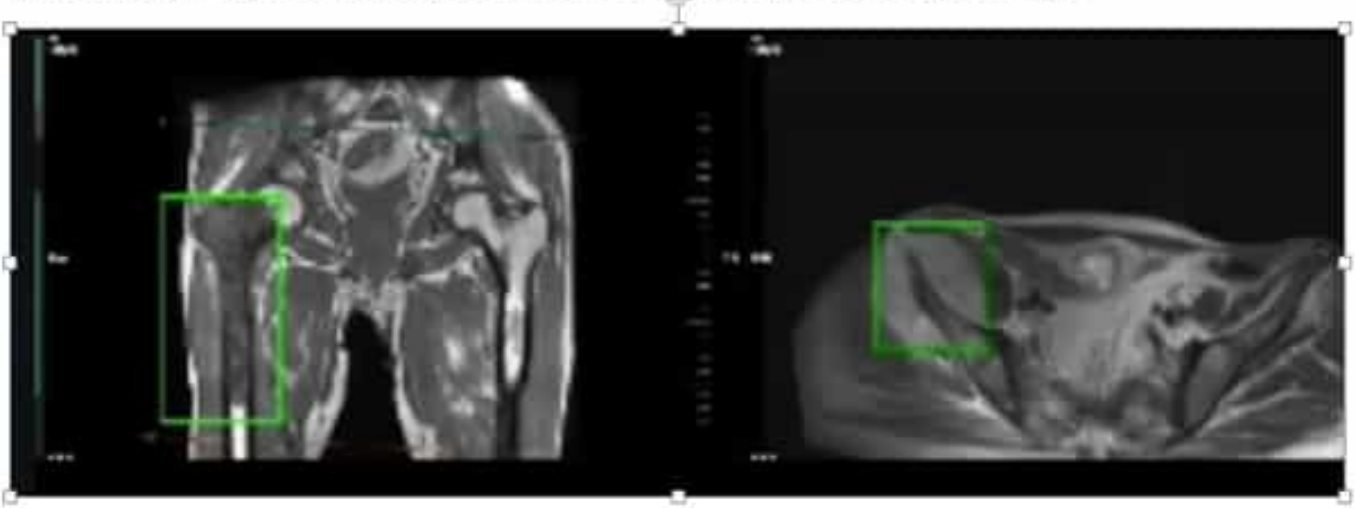


Extensive multifocal altered marrow signal intensities involving bilateral iliac bones, bilateral pubic rami, ischial tuberosities, the right femoral neck intertrochanteric region and proximal shaft, left proximal femoral shaft as described above – "*of concern for extensive skeletal metastasis*".

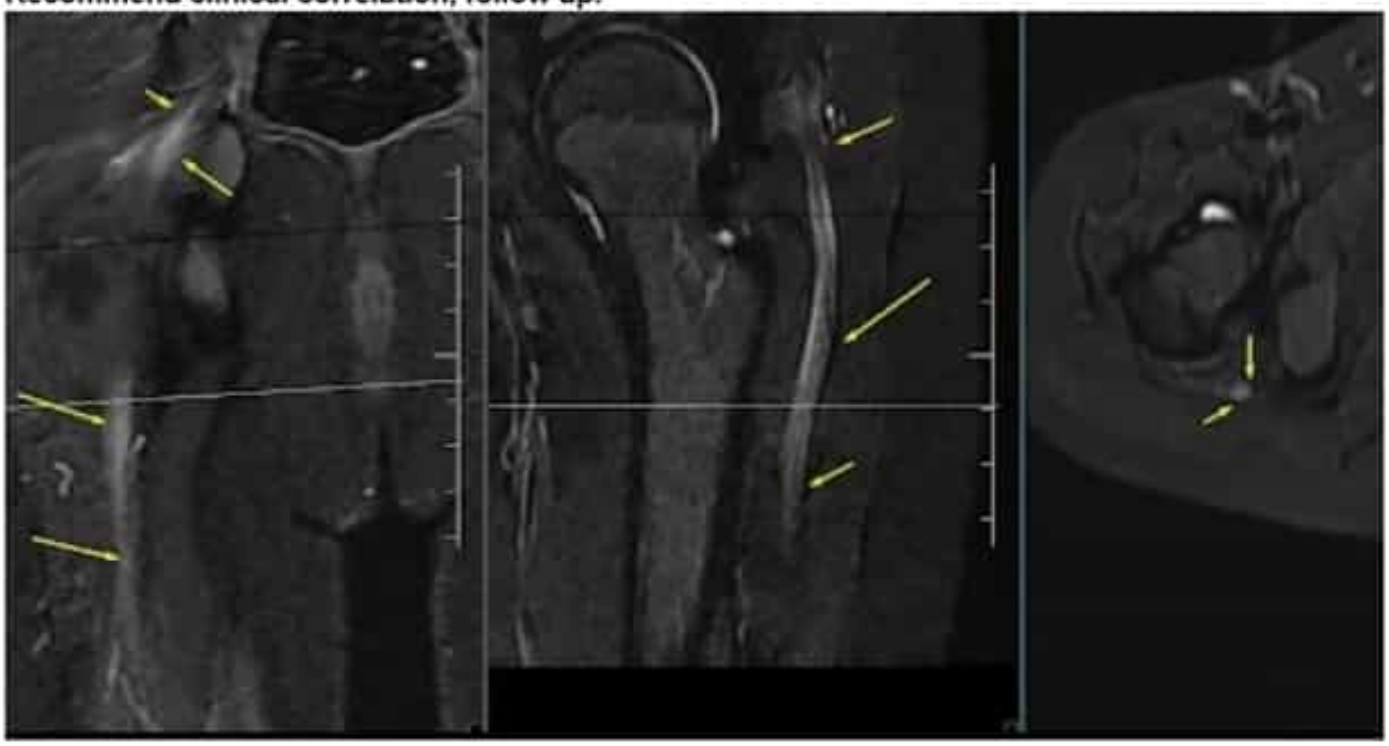
A large expansile mass lesion arising from the right iliac bone, measuring 9.5 x 2.4 cm with intrapelvic and gluteal components associated with the cortical bone erosions.

Grade III prostatic enlargement with median lobe hypertrophy and lobulated contours with small focal areas of suspicious capsular disruption, more marked at left superolateral aspect. (evaluation of the prostate is limited due to lack of IV contrast, lack of DWI sequence.

Recommend PSA levels, MRI prostate, HPE correlation, PET scan, follow up.



acute sciatic neuropathy of indeterminate etiology.
Long segment thickening of the right sciatic nerve from the level of greater sciatic notch, up to the proximal thigh level demonstrating high STIR, T2 signal intensity (the inferior extent is not imaged in the study) –suggestive of acute sciatic neuropathy of indeterminate etiology.
Bilateral piriformis, gluteal muscles appear unremarkable with normal signal intensities.
No MRI evidence of denervation to the extent visualized.
Recommend clinical correlation, follow up.



Dorsal talonavicular ligament disruption with a tiny dorsal talar avulsion fracture.
Findings suggestive of dorsal talonavicular ligament disruption with a tiny dorsal talar avulsion fracture.
Small surrounding fluid collection, talonavicular and ankle joint effusions as described.



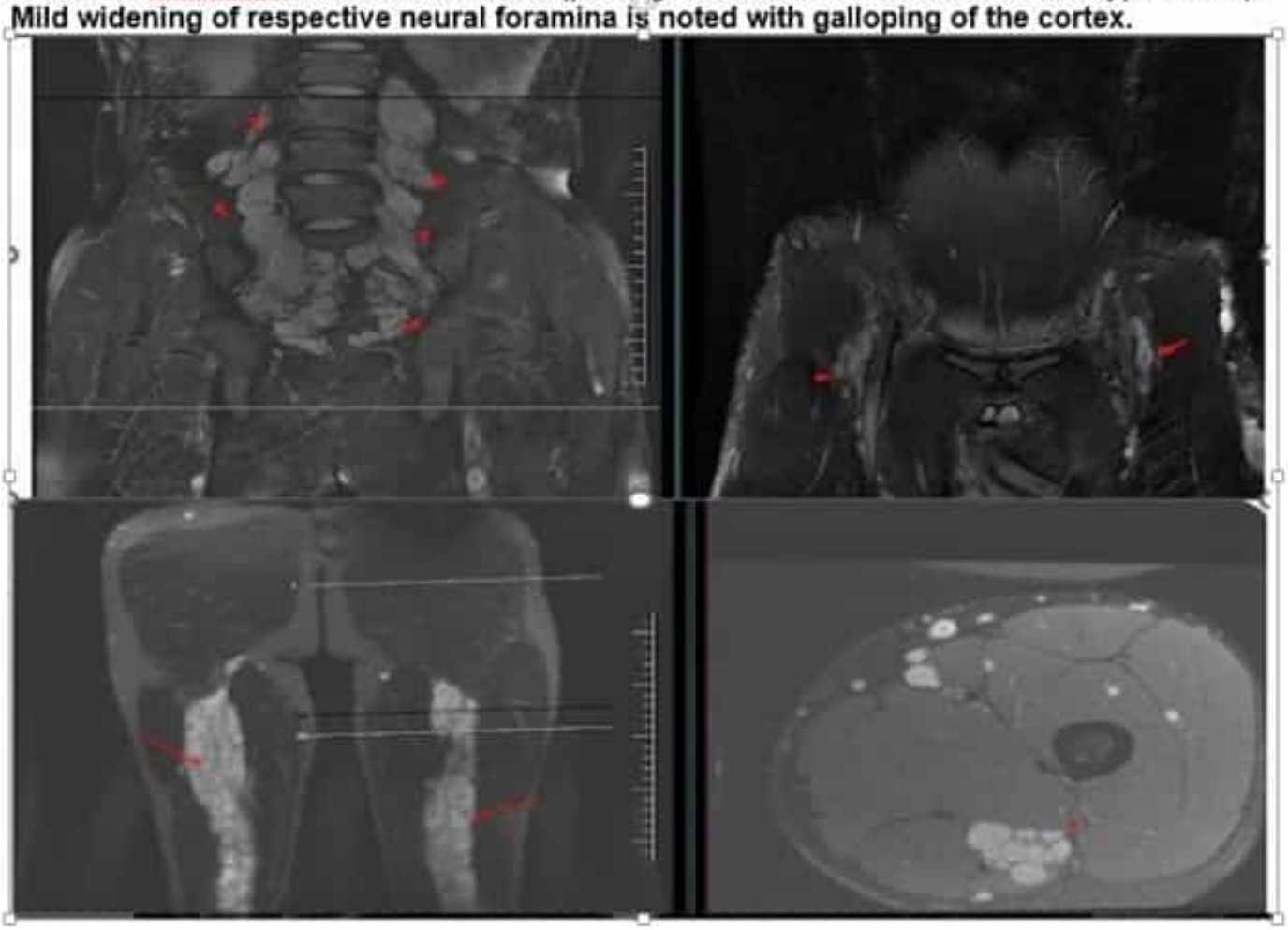
Wrisberg rip

Grade III anterior cruciate ligament tear at midsubstance , near femoral attachment.

Grade III longitudinal lateral meniscal tear at the posterior horn at the level of Wrisberg ligament attachment (suggestive of Wrisberg rip).



Plexiform Neurofibromatosis (neurofibromatosis type 1 NF1).
Extensive multilobulated cord like and linearly oriented T2 hyperintense mildly enhancing structures are noted arising from bilateral visualized lower lumbar, sacral neural foramina traversing inferiorly and laterally along the course of the respective exiting nerve roots, extending caudally into the pelvis , the greater sciatic foramen to bilateral thigh – suggestive of extensive Plexiform Neurofibromatosis (pathognomonic of neurofibromatosis type 1 NF1).
Mild widening of respective neural foramina is noted with galloping of the cortex.



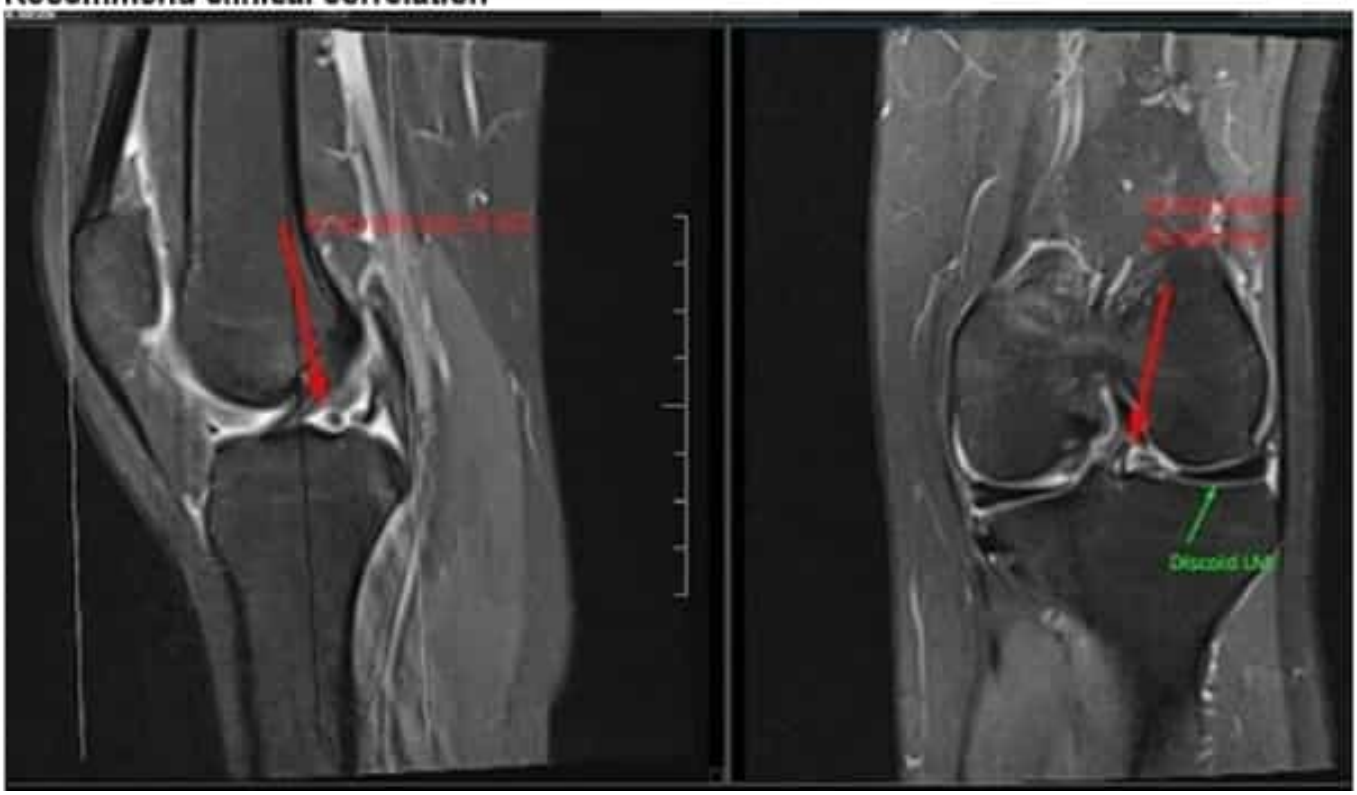
Partial thickness ACL tear involving the posterolateral bundle at tibial attachment

Small focal partial thickness tear of anterior cruciate ligament involving the posterolateral bundle at tibial attachment.

Discoid lateral meniscus

Mild to moderate joint effusion.

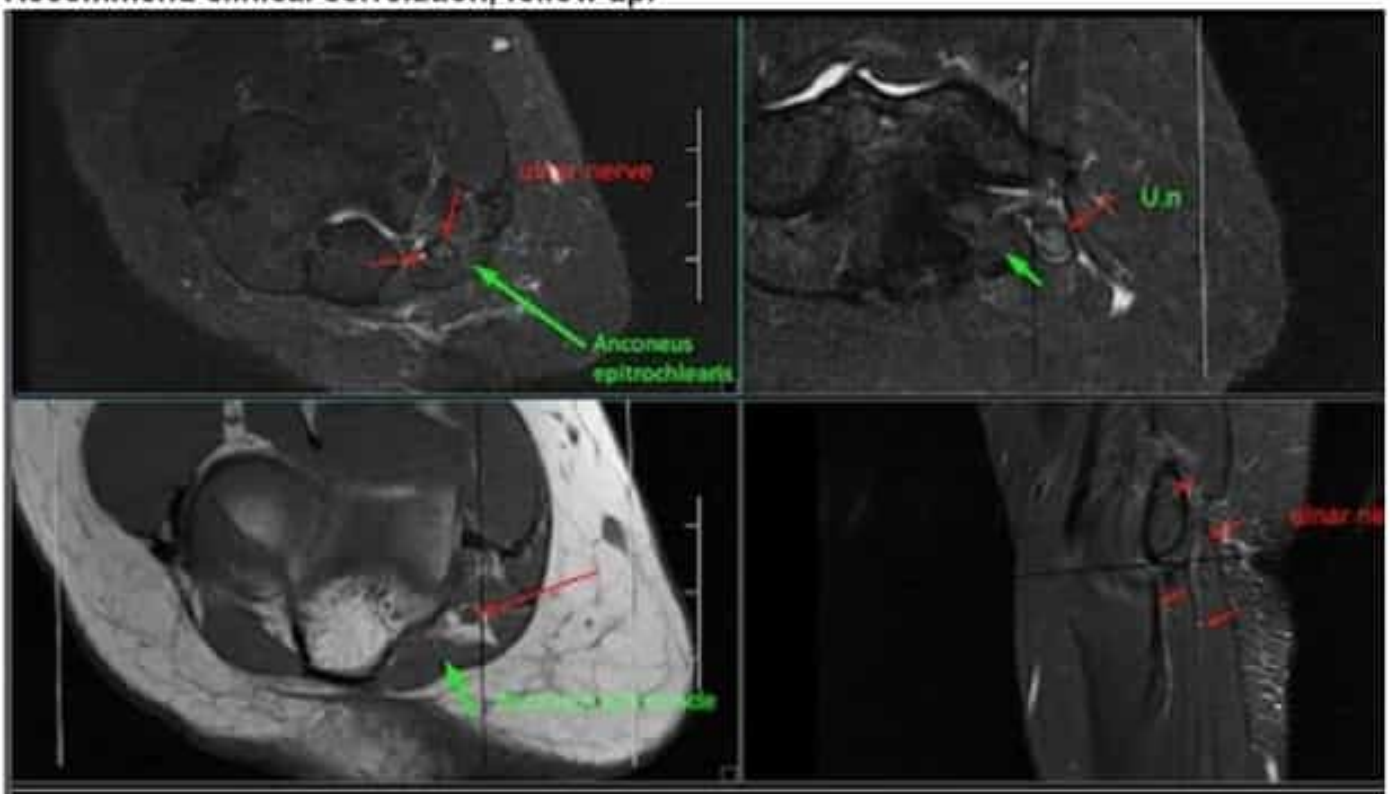
Recommend clinical correlation



Anconeus epitrochlearis with ulnar neuropathy (cubital tunnel syndrome)

Evidence of anconeus epitrochlearis muscle (an accessory muscle) encasing the ulnar nerve with mild segmental thickening of the nerve demonstrating slightly increased STIR signal intensity - suggestive of ulnar neuropathy (cubital tunnel syndrome)

Recommend clinical correlation, follow up.



RAMP LESION 5

⁞ Grade III anterior cruciate ligament tear at femoral attachment.

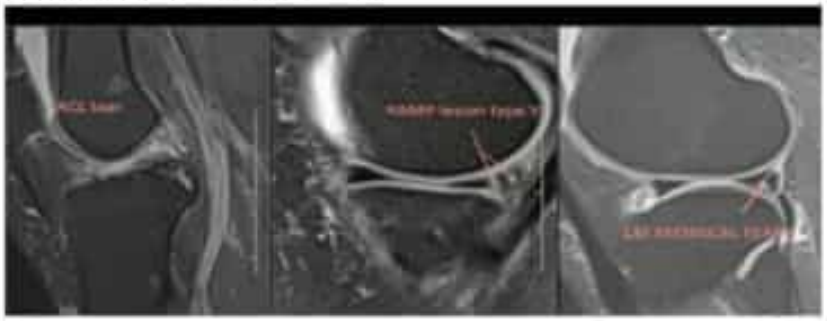
• Grade I sprain of medial collateral ligament.

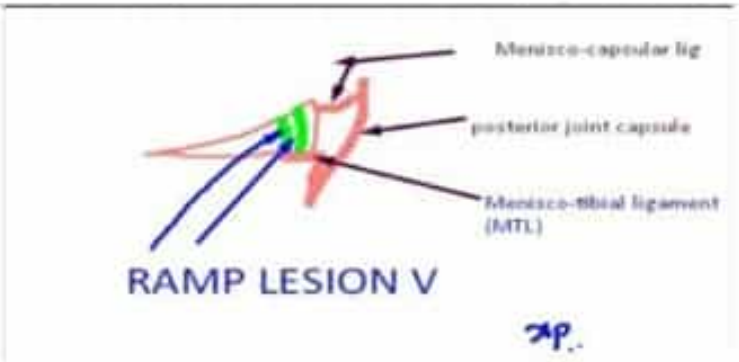
⁞ Grade III medial meniscal tear at the junction of body – posterior horn associated with Ramp lesion type 5.

⁞ Grade III longitudinal lateral meniscal tear at posterior horn.

• Moderate joint effusion.

Recommend clinical correlation.

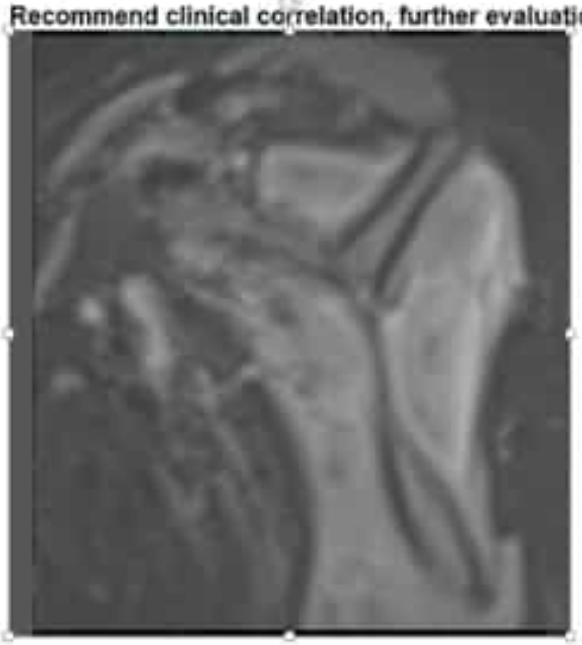




Parsonage-Turner Syndrome
Marked long segment thickening of the trunks, cords of the right brachial plexus extending across the right costoclavicular space demonstrating high T2, STIR signal intensity along with abnormal tortuosity of the cords – suggestive of severe post traumatic right brachial plexopathy.
The roots of the right brachial plexus appears slightly hyperintense. No evidence of nerve root avulsion or pseudomeningocele formation in this study.

Extensive high STIR signals intensities involving the supraspinatus, infraspinatus , teres minor, subscapularis muscles – suggestive of acute denervation , Parsonage-Turner Syndrome

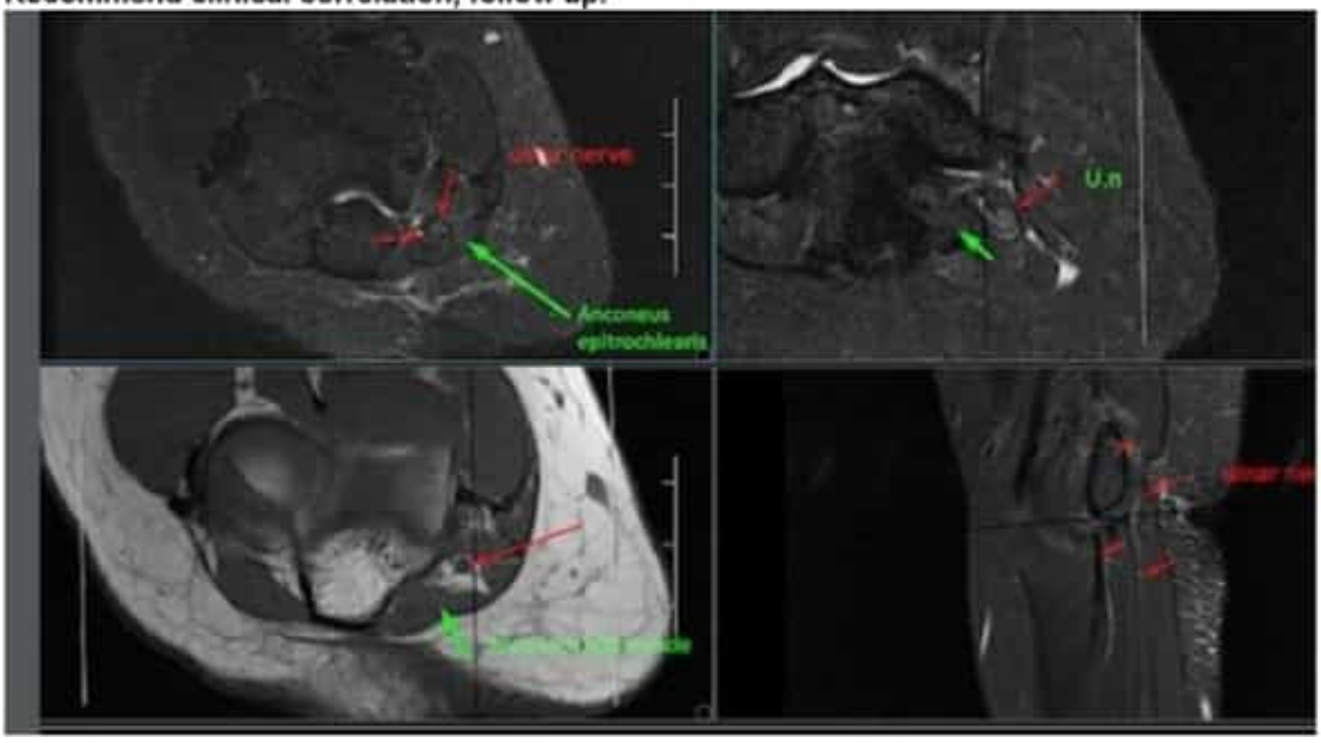
Recommend clinical correlation, further evaluation, follow up



Anconeus epitrochlearis with ulnar neuropathy (cubital tunnel syndrome)

Evidence of anconeus epitrochlearis muscle (an accessory muscle) encasing the ulnar nerve with mild segmental thickening of the nerve demonstrating slightly increased STIR signal intensity - suggestive of ulnar neuropathy (cubital tunnel syndrome)

Recommend clinical correlation, follow up.



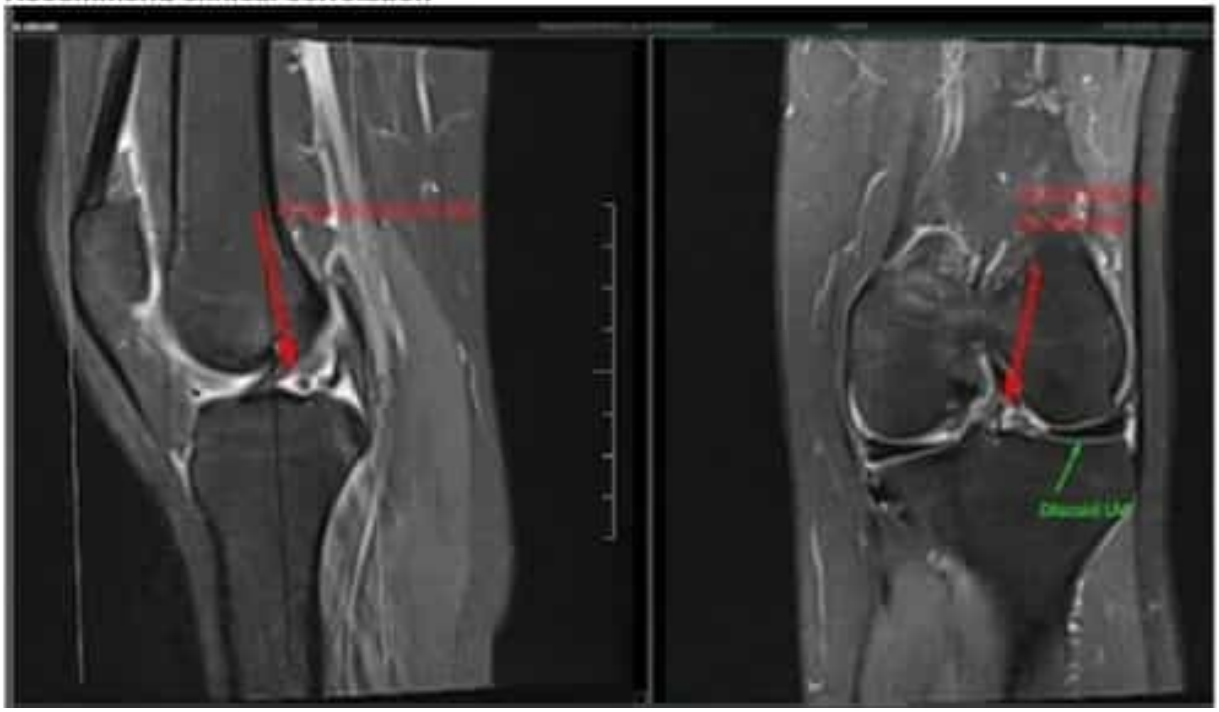
Partial thickness ACL tear involving the posterolateral bundle at tibial attachment

Small focal partial thickness tear of anterior cruciate ligament involving the posterolateral bundle at tibial attachment.

Discoid lateral meniscus

Mild to moderate joint effusion.

Recommend clinical correlation

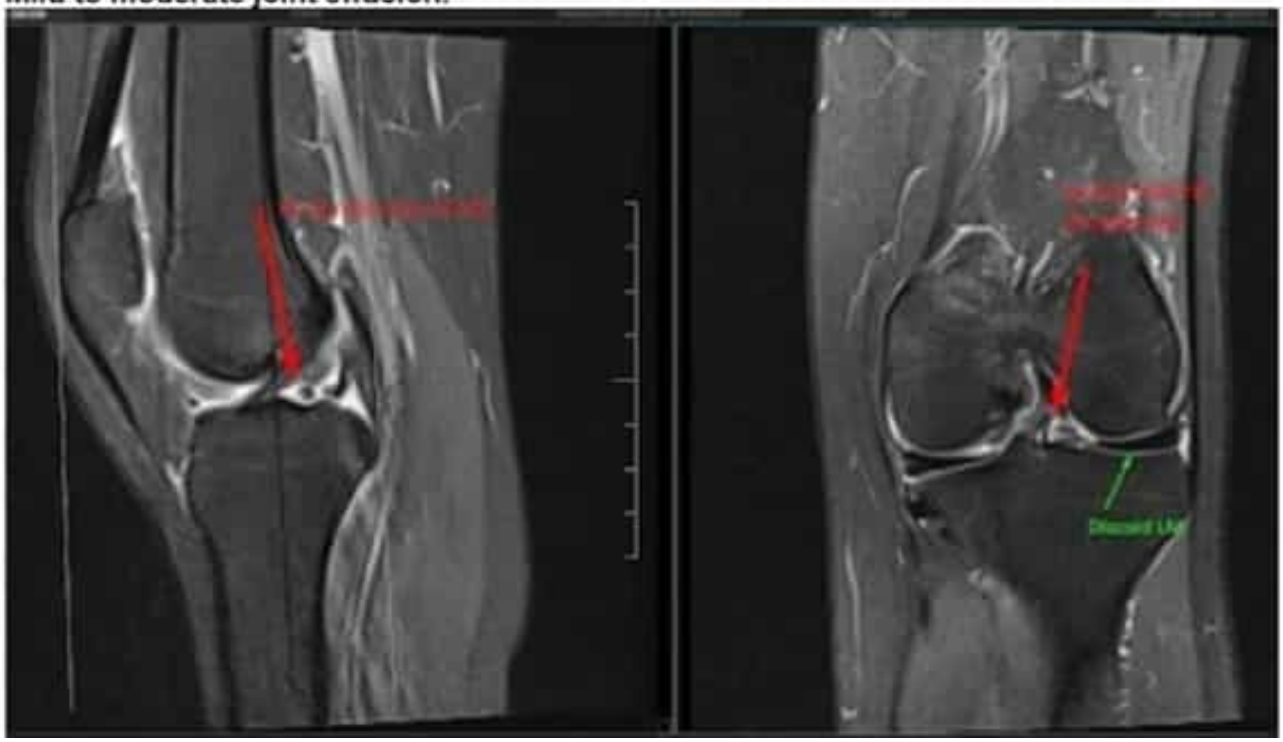


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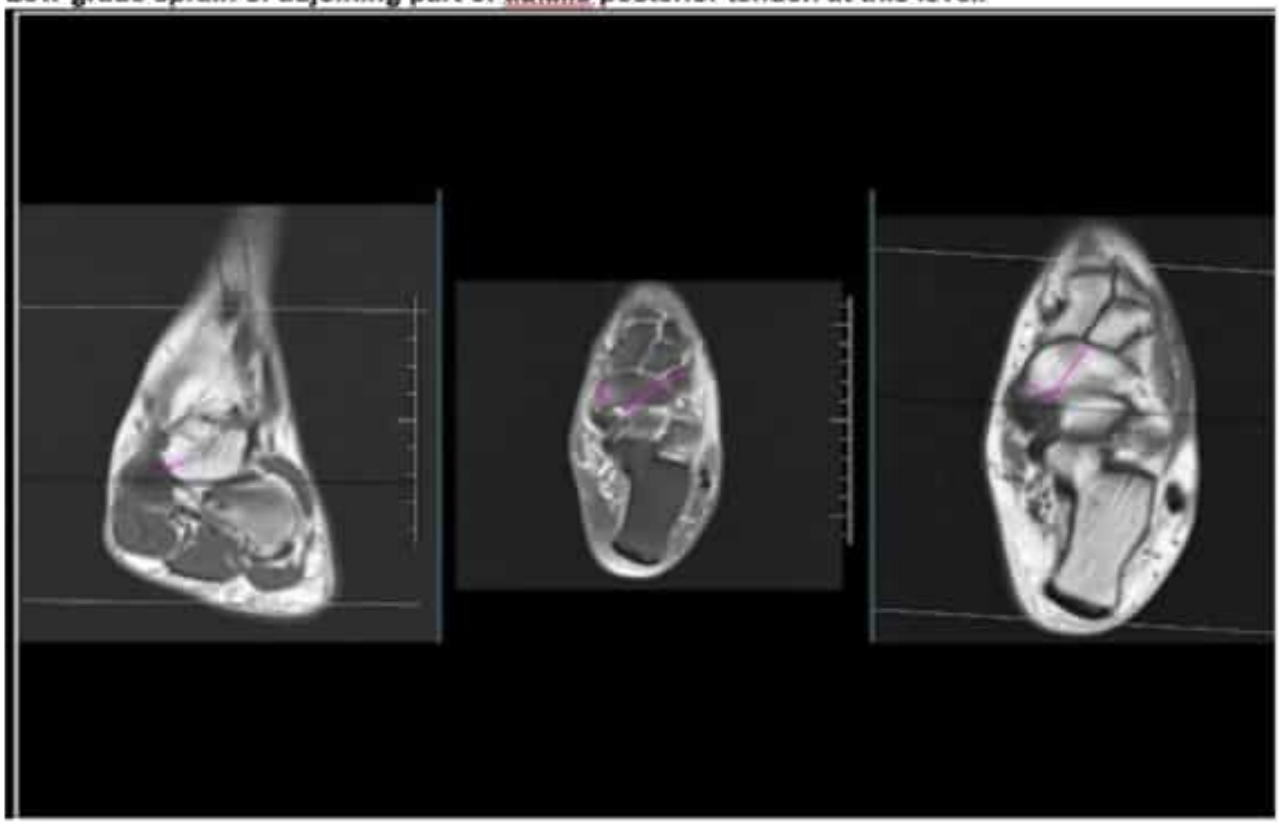
Mild to moderate joint effusion.



Tear of superomedial component of spring ligament

F indings suggestive of partial thickness tear of supero-medial component of the spring ligament (calcaneonavicular ligament) at the point of navicular attachment associated with tiny unicortical fracture and marrow contusion at medial cortex of navicular bone.

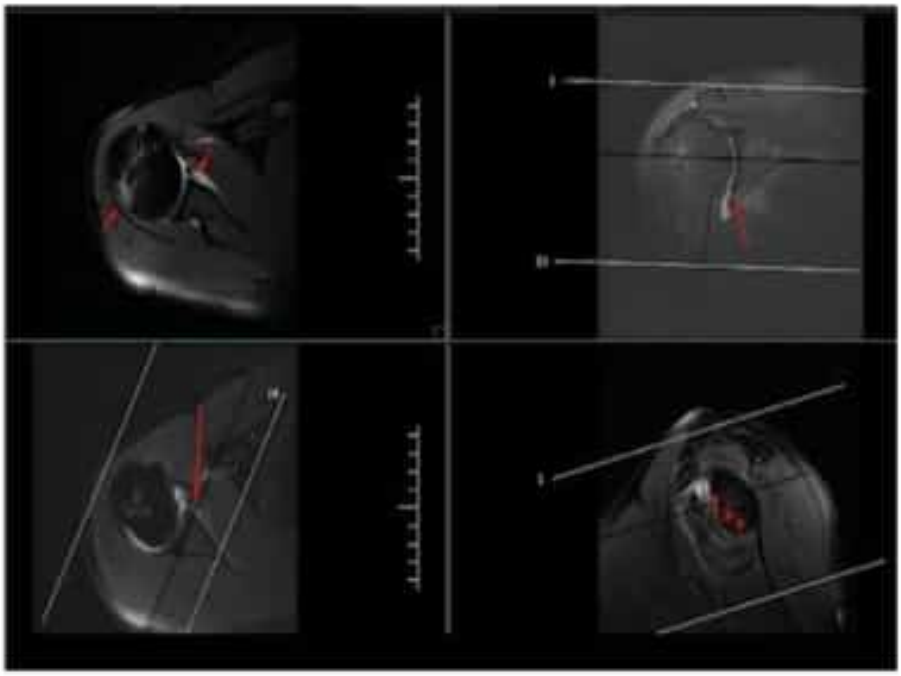
Low-grade sprain of adjoining part of tibialis posterior tendon at this level.



E Bony Bankart
lesion -on track Hill sachs lesion) with low-grade GAGL
Findings represent anterior labral tear at antero inferior aspect (3 to 6 o clock position) associated with underlying cortical fracture – Bony Bankart lesion

Up to 15% glenoid bone loss
Focal impaction fracture at posterolateral aspect of supracoracoid humeral head – represent Hill Sach's lesion (on track Hill sachs lesion)

Small joint effusion. Fluid collection involving the axillary recess with focal thickening of the inferior gleno-humeral ligament add glenoid attachment without avulsion - suggesting a low-grade GAGL

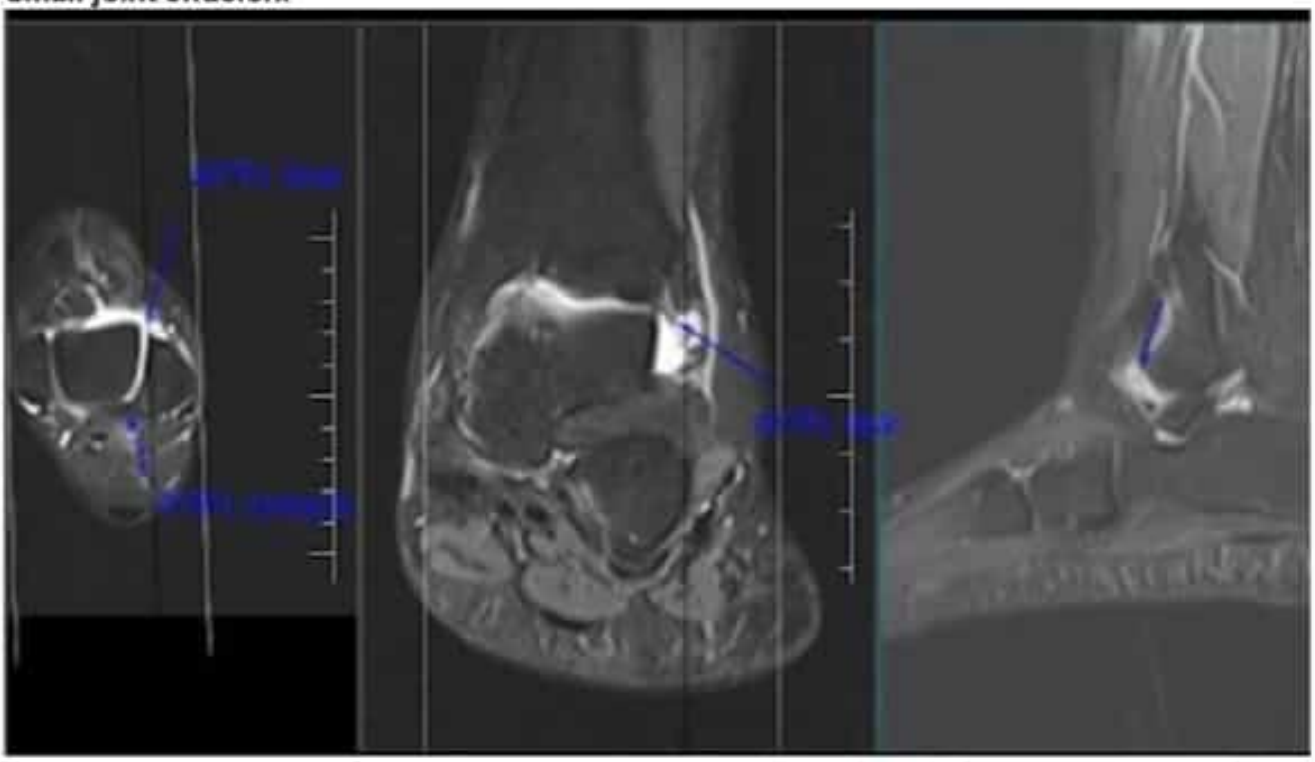


High ankle sprain.

A focal defect involving the anterior inferior tibiofibular ligament with small fluid collection involving the distal tibiofibular syndesmosis – suggestive of anterior inferior tibiofibular ligament tear, consistent with an anterior ankle syndesmotic injury (high ankle sprain).

Findings suggestive of anterior talofibular ligament (ATFL) sprain

Small joint effusion.



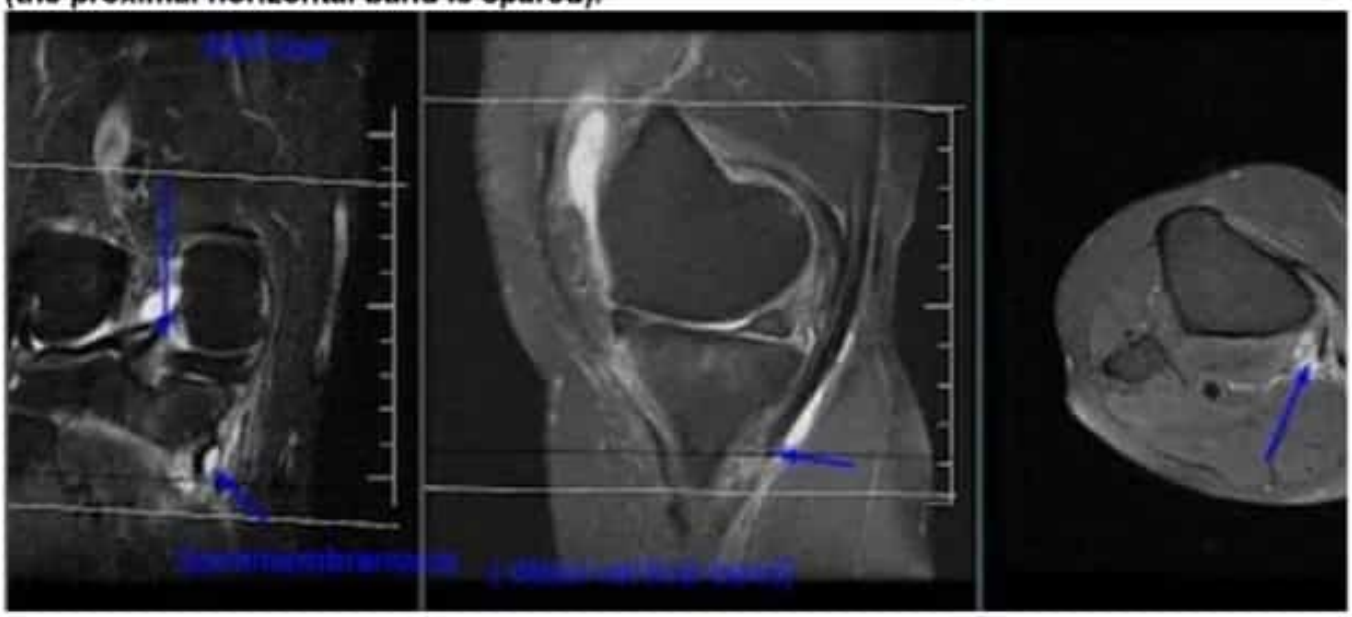
Semimembarnosus tendon tear (Distal vertical band tear)

Tiny partial thickness cartilage defects at weight bearing aspect of medial femoral condyle with subtle small subchondral bone marrow edema at medial tibial plateau

• Grade III radial medial meniscal tear at the posterior root with slight meniscal subluxation.

• Mild to moderate joint effusion

• Findings suggestive of 'grade III tear of distal vertical band of semimembranosus tendon' at the tibial attachment with focal surrounding fluid collection involving the pes anserinus bursa (the proximal horizontal band is spared).



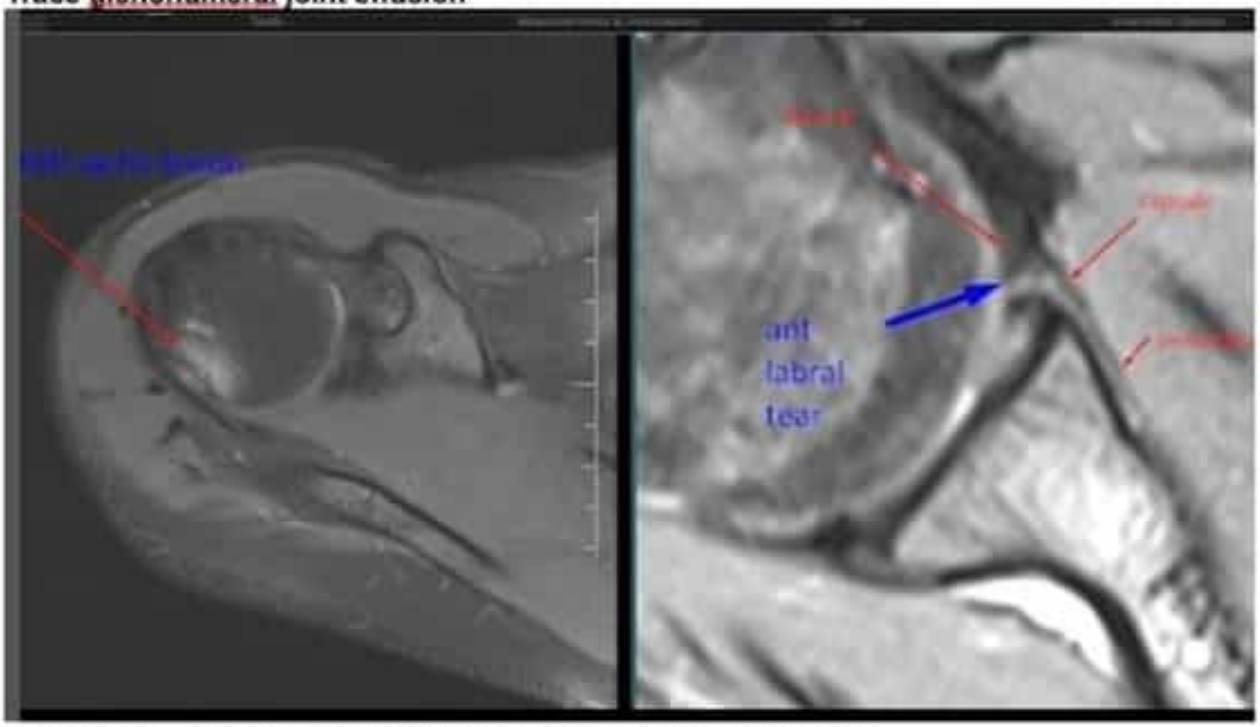
ANTERIOR LABRAL TEAR - PERTHES LESION

Findings represent anterior labral tear at antero inferior aspect (3 to 6 o clock position) - Perthe's lesion.

Focal impaction fracture at posterolateral aspect of supracoracoid humeral head – represent Hill Sach's lesion (on track)

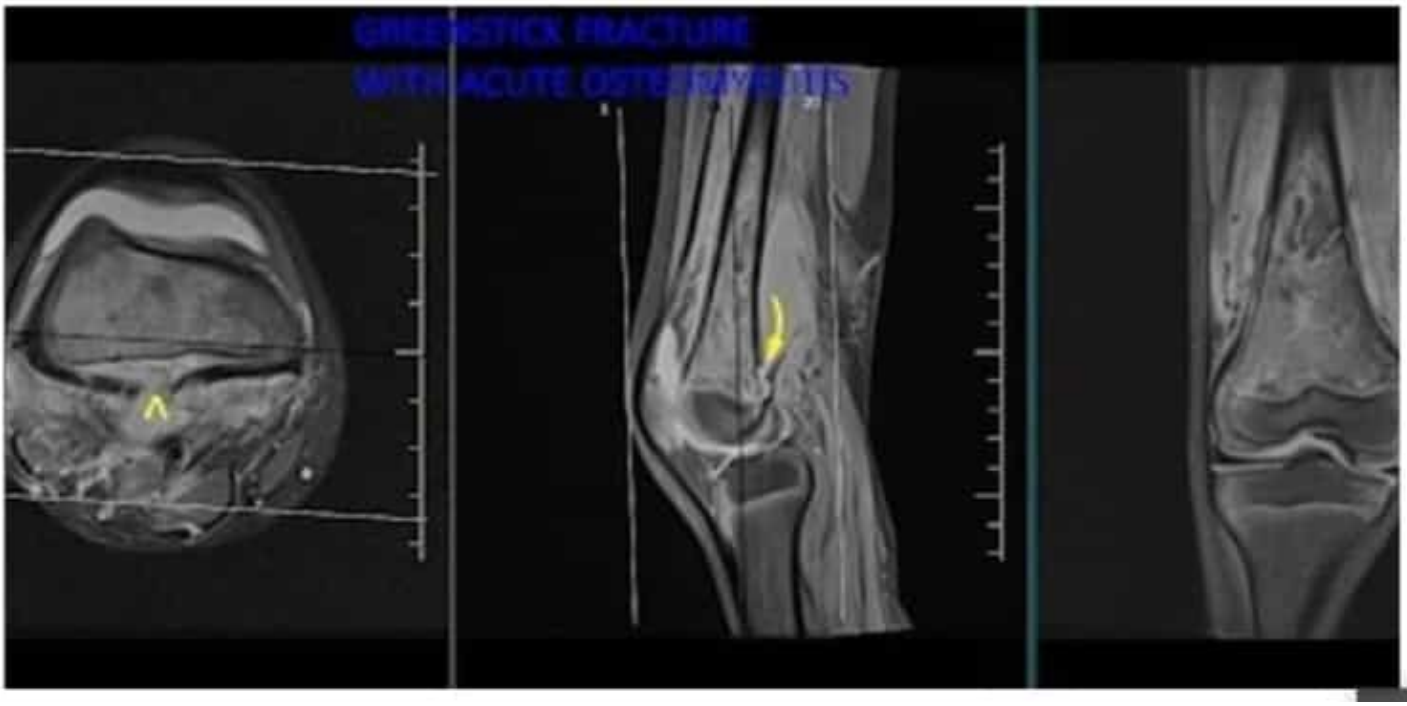
No evidence of significant glenoid bone loss.

Trace glenohumeral joint effusion



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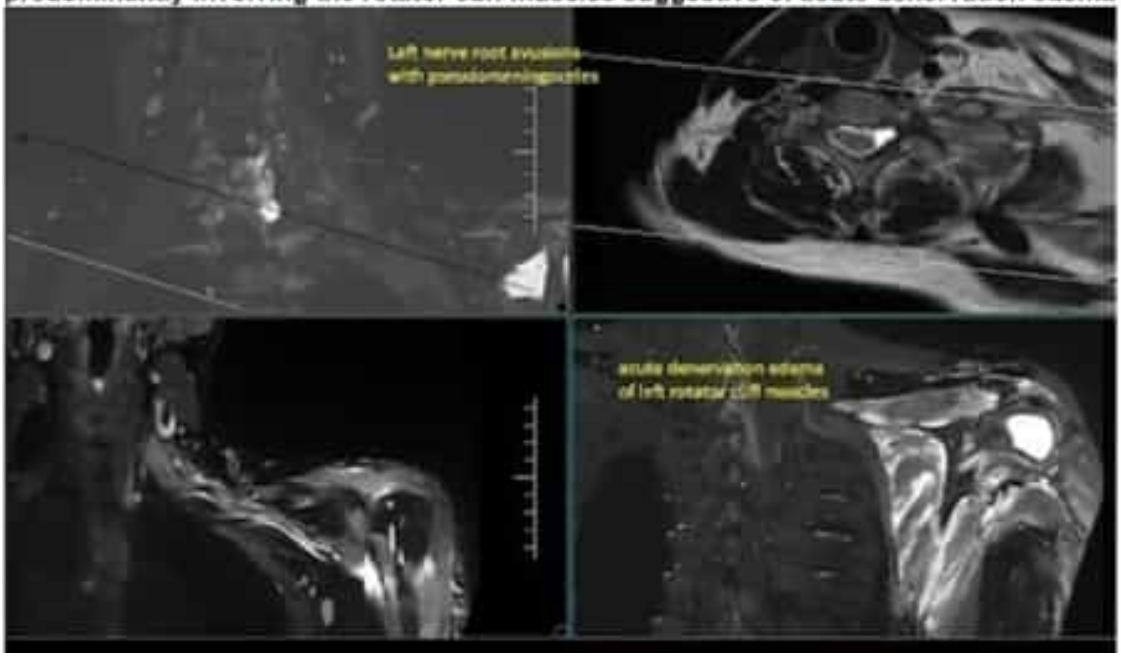


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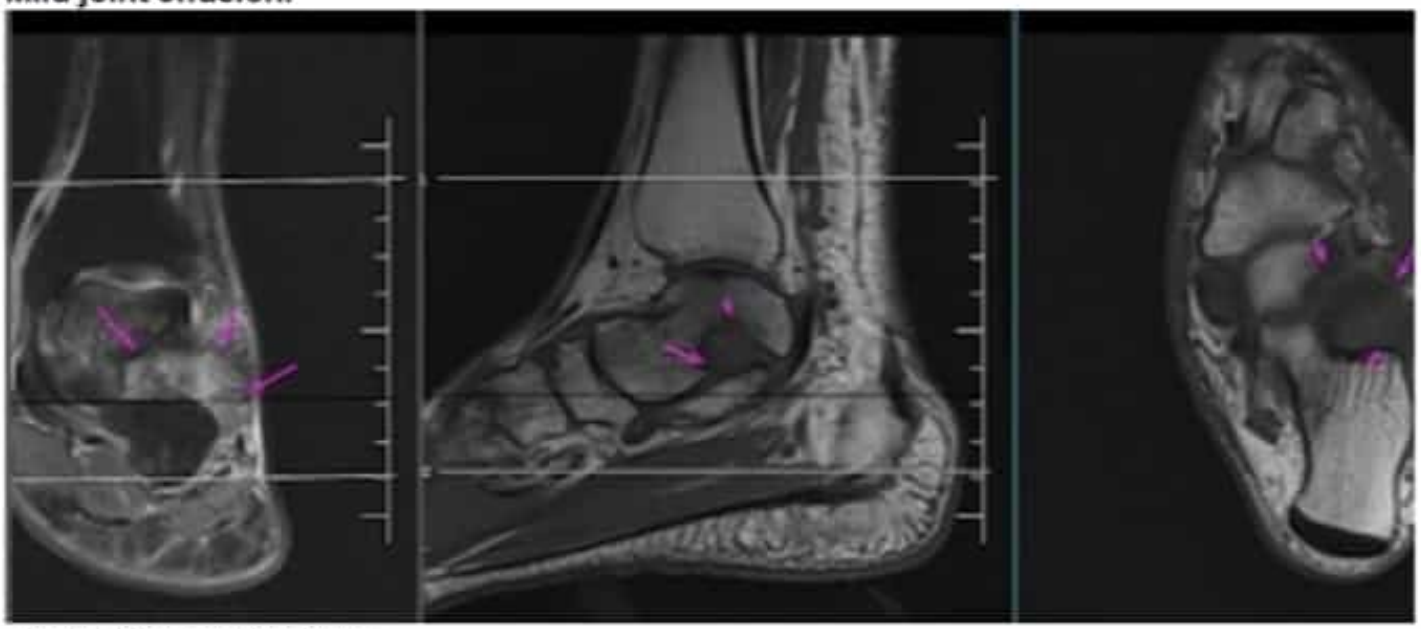


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Mild joint effusion.



HAGLUND SYNDROME

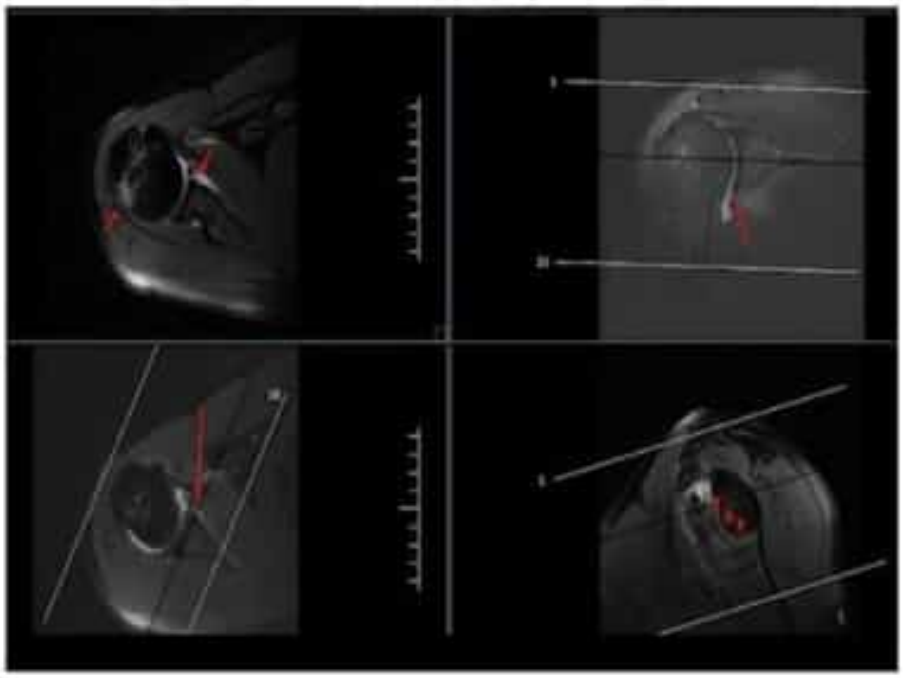
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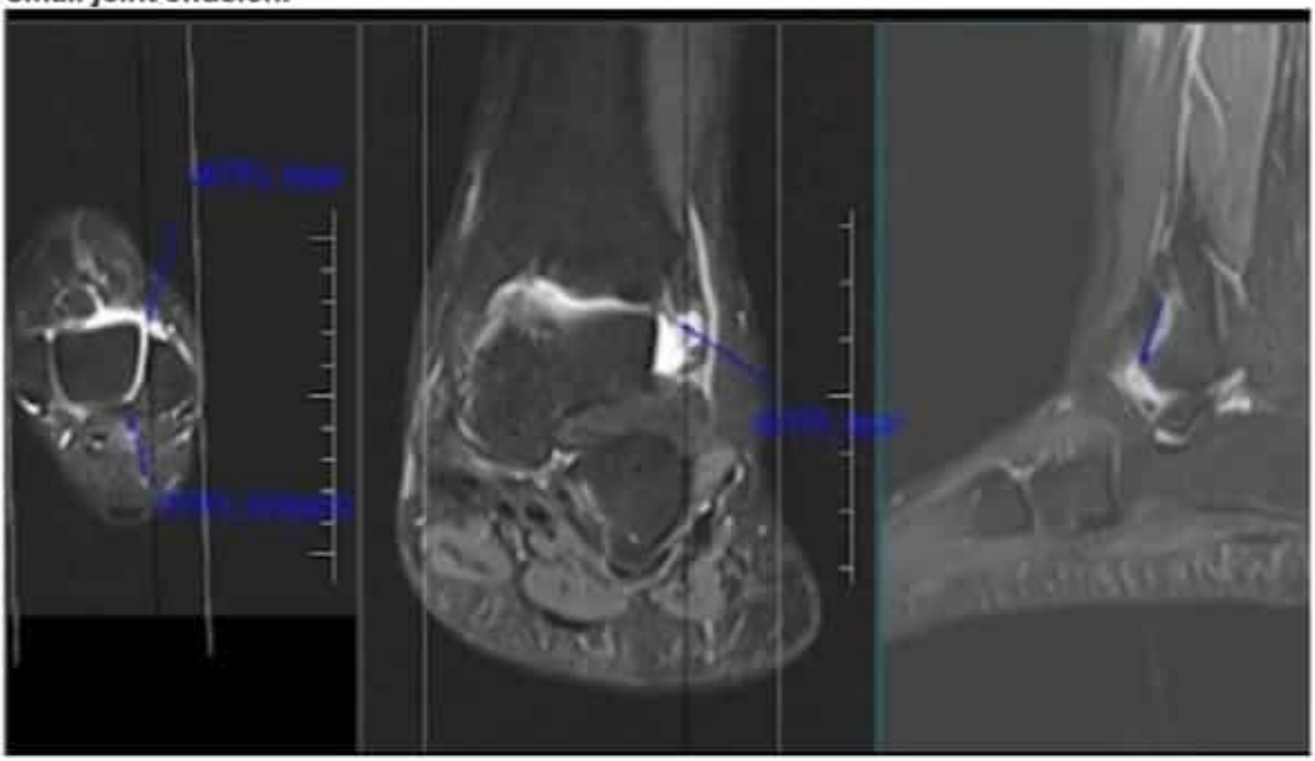


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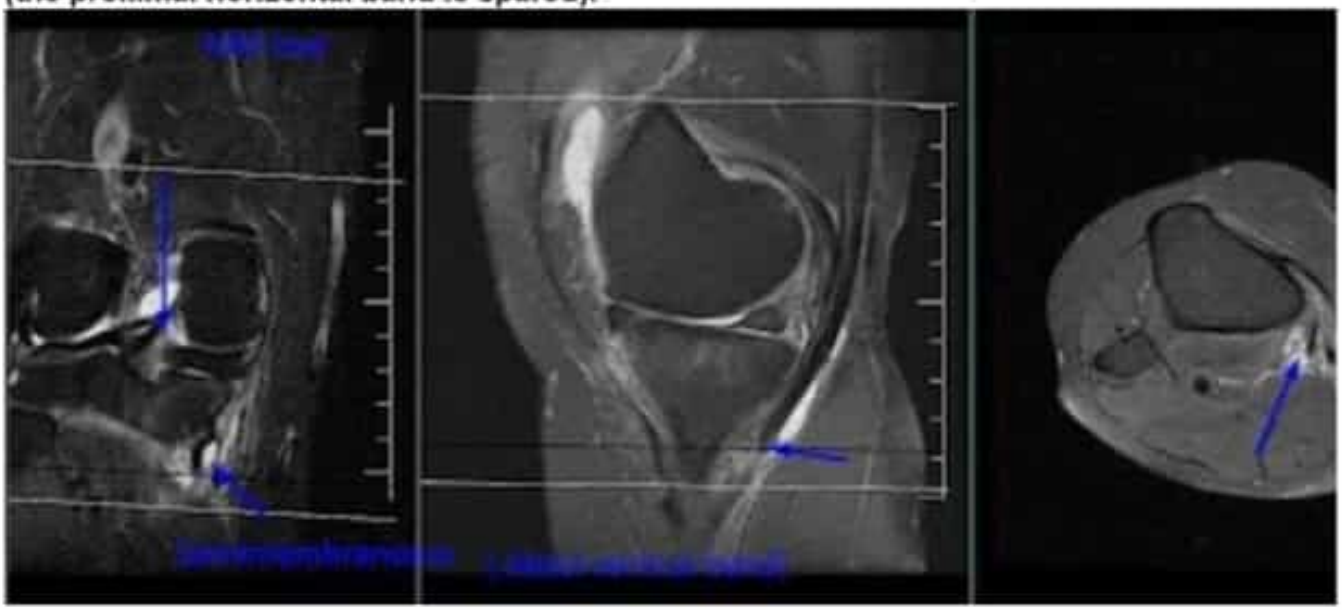
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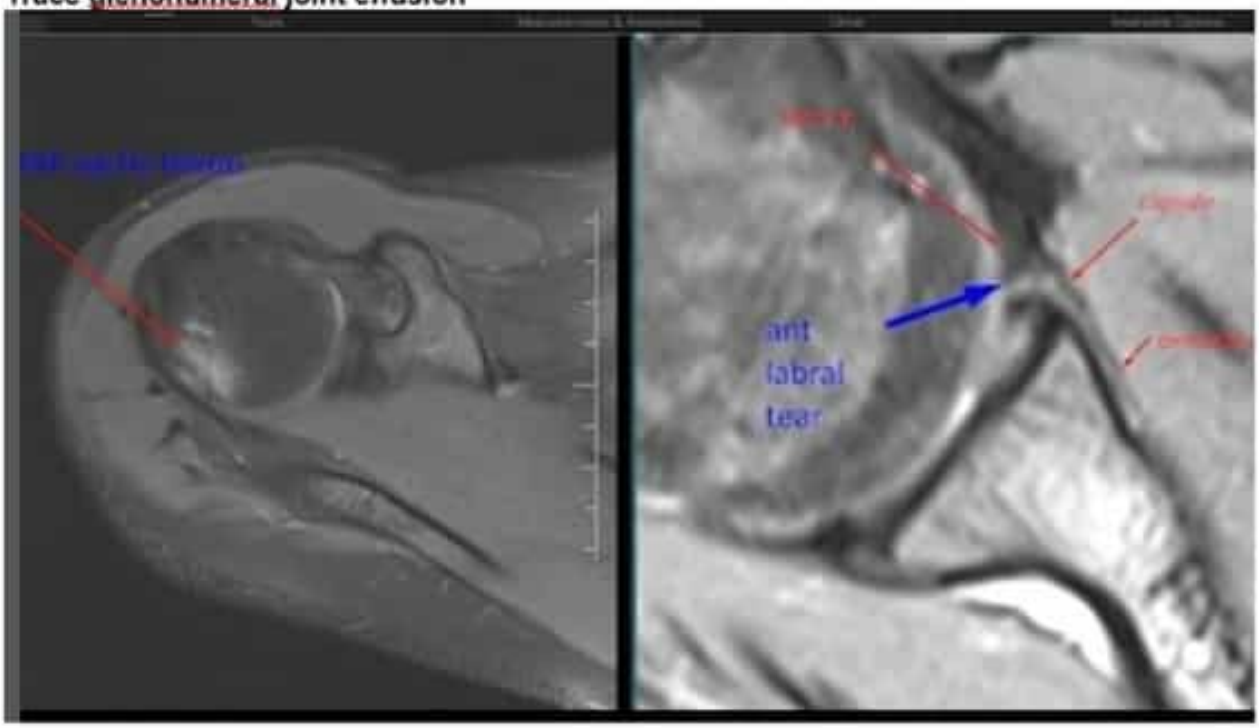
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No evidence of significant glenoid bone loss.

Trace glenohumeral joint effusion



Full thickness supraspinatus , infraspinatus tendon tear with coracohumeral ligament disruption and resultant long head of biceps dislocation along with HAGL

Full thickness, partial width tear involving distal supraspinatus tendon with 3.3 cm medial retraction from the level of greater trochanter. Supraspinatus muscle atrophy (Goutallier grade II)

Full thickness tear involving the distal infraspinatus tendon with tendon retraction.

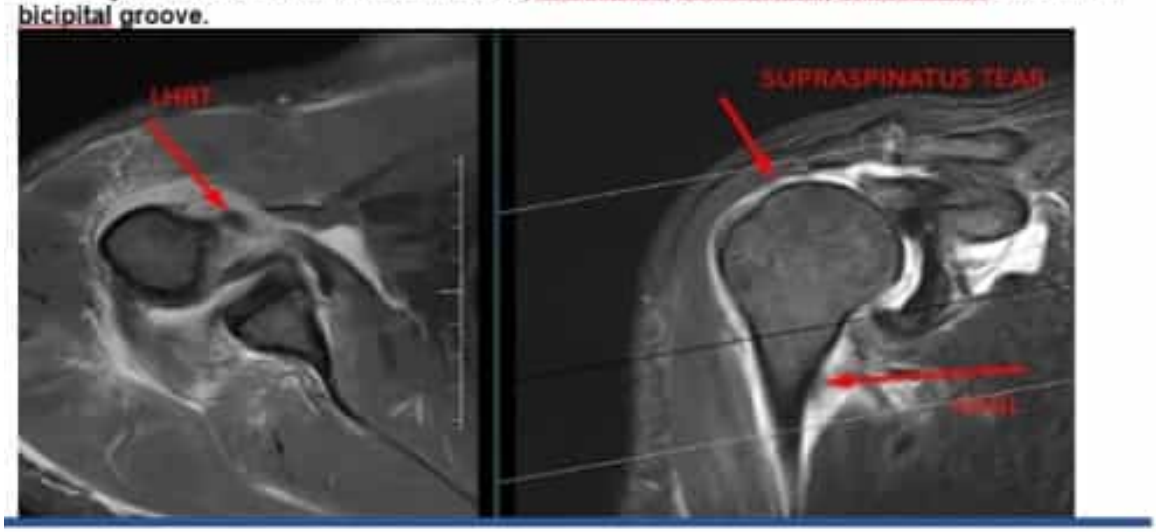
Distal subscapularis tendinosis with small partial thickness tear involving superior fibers.

Disruption of coracohumeral ligament

Medial displacement of the long head of biceps tendon out of the bicipital groove (disruption month long head of biceps tendon sheath due to coracohumeral ligament tear)

Findings suggestive of humeral avulsion of inferior gleno-humeral ligament at anterior band (HAGL)

Marked joint effusion with fluid collections, subdeltoid, subacromial, subcoracoid bursa and bicipital groove.



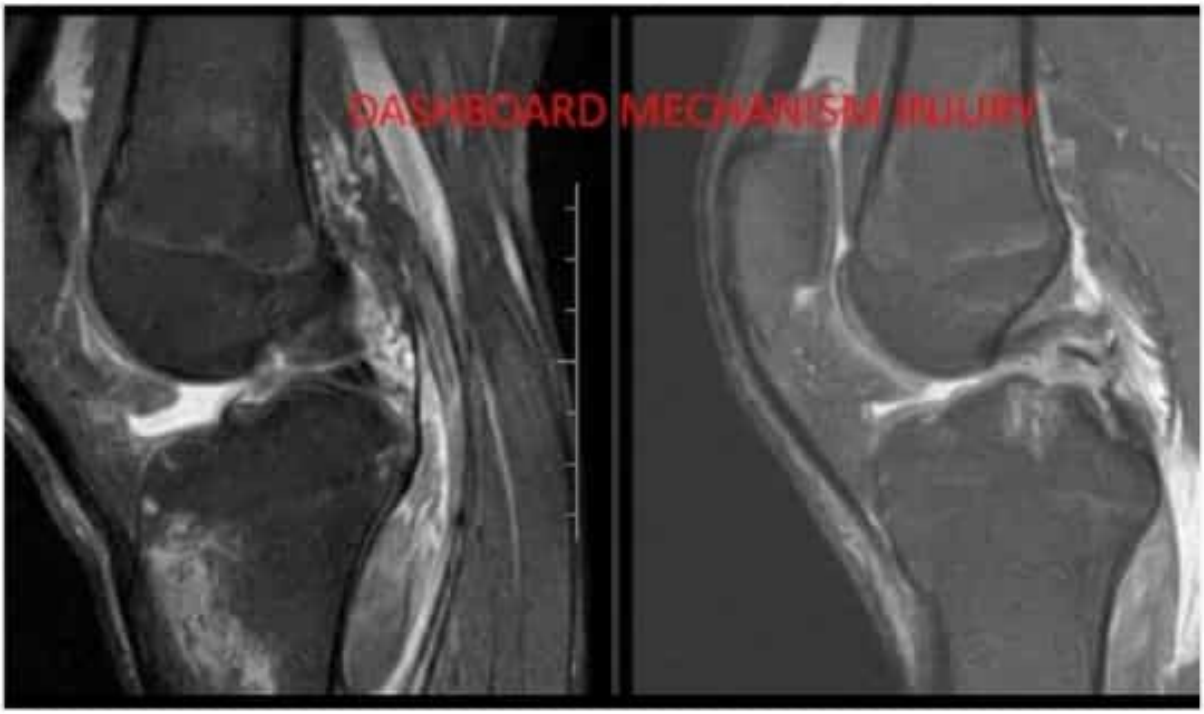
Dashboard mechanism of knee injury

Marrow contusion involving the tibial tuberosity

Small marrow contusions involving the lateral femoral condyle as well as lateral tibial platea close to each other - suggestive of kissing contusions.

Grade III tear of posterior cruciate ligament at midsubstance

Moderate joint effusion (lipohemarthrosis) – Findings suggestive of Dashboard / hyperextension mechanism of injury



Dorsal talonavicular ligament disruption with a tiny dorsal talar avulsion fracture.

Findings suggestive of dorsal talonavicular ligament disruption with a tiny dorsal talar avulsion fracture.

Small surrounding fluid collection, talonavicular and ankle joint effusions as described.

Slightly low calcaneal pitch.



SLIPPED DISTAL RADIAL EPIPHYSIS (SALTER HARRIS TYPE1)

A horizontal fracture at the distal growth plate (physis) of radius along with marked dorsal displacement of the distal radial epiphysis – consistent with Salter Harris type I physeal fracture

Associated complete dorsal subluxation of the radioscaphoid, radiolunate joints.

The distal epiphysis of the ulna, growth plate appears intact.



Perthes lesion with HAGL

Findings represent anterior labral tear at antero inferior aspect (2 to 5 o clock position) – Perthe's lesion

Full thickness partial width tear involving inferior fibers of distal subscapularis tendon.

Focal impaction fracture at posterolateral aspect of supracoracoid humeral head – represent Hill Sach's lesion.

No evidence of significant glenoid bone loss on given MRI images

Fluid collection involving the axillary recess with abnormal high signal intensity involving the humeral attachment of inferior gleno-humeral ligament – suggestive of Humeral avulsion of inferior gleno-humeral ligament (HAGL)

Recommend CT sections to assess the glenoid bone loss.



Acute sciatic neuropathy of indeterminate etiology.

Long segment thickening of the right sciatic nerve from the level of greater sciatic notch, up to the proximal thigh level demonstrating high STIR, T2 signal intensity (the inferior extent is not imaged in the study) –suggestive of acute sciatic neuropathy of indeterminate etiology.

Bilateral piriformis, gluteal muscles appear unremarkable with normal signal intensities.

No MRI evidence of denervation to the extent visualized.

Recommend clinical correlation, follow up.



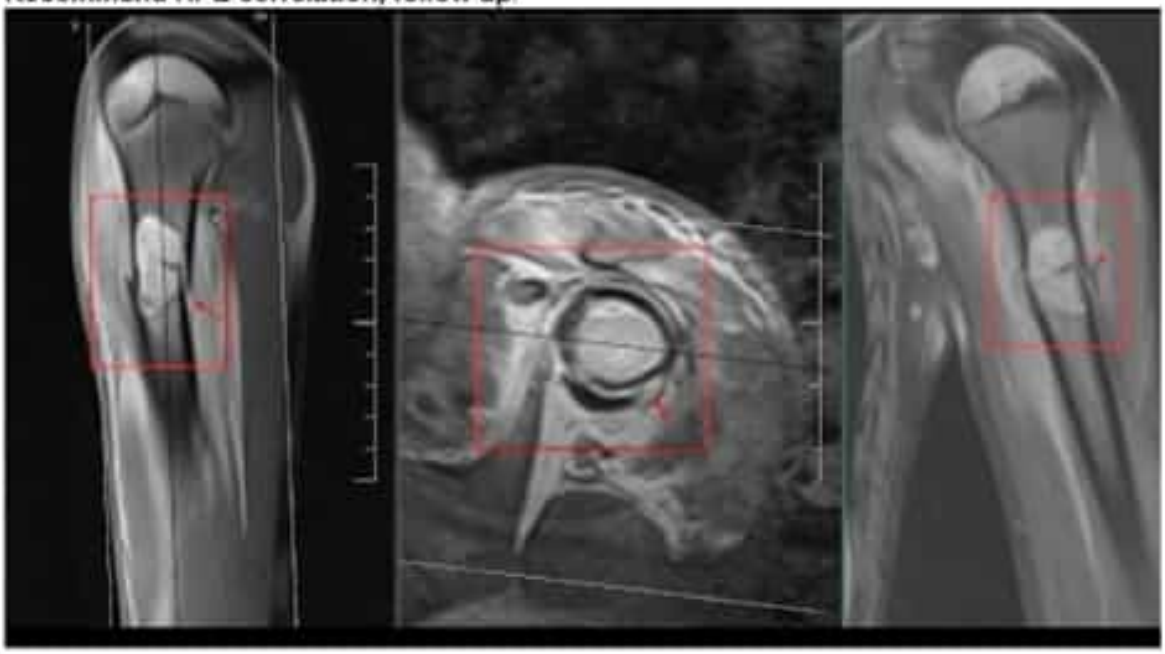
SIMPLE BONE CYST OF PROXIMAL HUMERUS WITH PATHOLOGICAL FRACTURE

A well defined, ovoid 2.8 x 1.8 x 1.7 cm intraosseous altered signal intensity, expansile, cystic mass lesion is noted involving the proximal humeral diaphysis – consistent with a simple bone cyst.

A linear transverse STIR/T2 hypointensity is noted traversing through the mass lesion traversing through medial as well as lateral cortex suggesting a 'pathological fracture'.

Thin periosteal collection in the proximal arm associated with marked surrounding muscle edema.

Recommend HPE correlation, follow up.



AVASCULAR NECROSIS OF TALUS

Slight reduction in the height of talus with diffuse altered bone marrow signal intensity involving the talar dome, replacing the normal T1 fatty bone marrow signals, extending to the talar neck and anterior process demonstrating double line sign at the anterior talar process – suggestive of avascular necrosis of talus

Marked ankle joint effusion with evidence of mild diffuse synovial thickening and small extraarticular synovial outpouchings – suggesting secondary synovitis

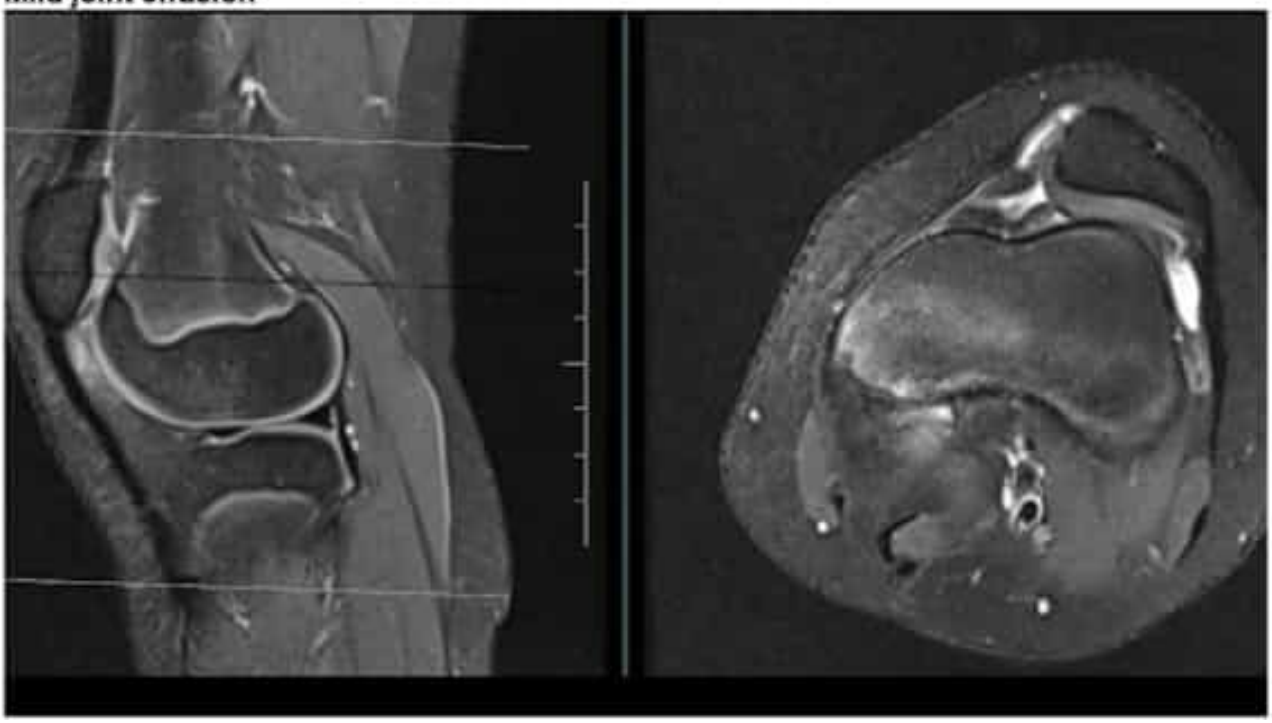


patella with patellar maltracking with Lateral femoral condyle patellar tendon friction syndrome

High lying patella (patella alta) with marked lateral subluxation with TT-TG ratio of 1.8 cm - suggestive of patellar maltracking.

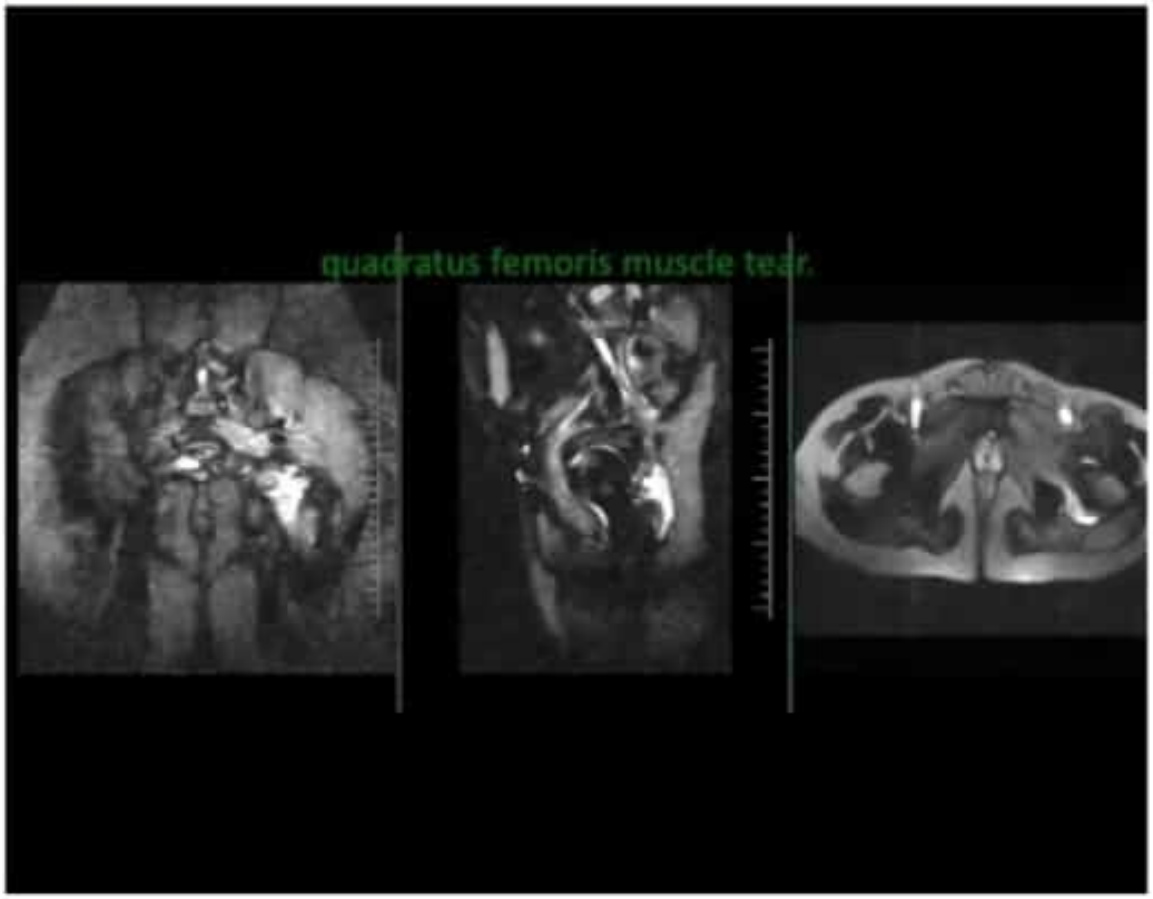
Fat stranding superolateral aspect of Hoffa's fat pad - likely suggestive of Hoffa's fat pad impingement. (Lateral femoral condyle patellar tendon friction syndrome)

Mild joint effusion



MRI - BOTH HIP JOINTS & PELVIS

T2/STIR images demonstrate high signal intensity involving the muscle belly of quadratus Femoris muscle posterior to the lesser trochanter of femur – suggestive of quadratus femoris muscle tear.



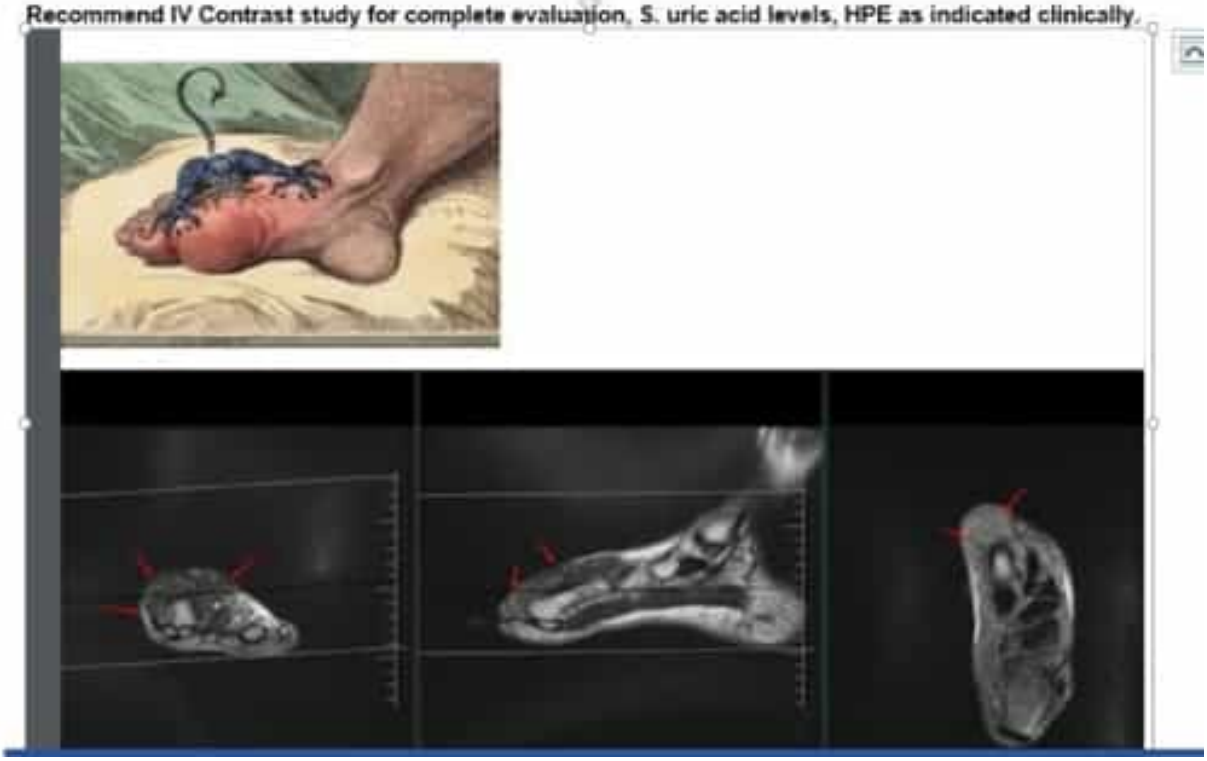
Gouty tophi

An extensive lobulated soft tissue mass lesion at the dorsal aspect of first metatarsal, measuring 2 x 5.7 x 3 cm (predominantly hypointense on all the sequences) demonstrating multiple small loculations , indenting the dorsal cortex of 1st metatarsal bone with reactive bone marrow edema localized to the midshaft of first metatarsal without bony erosions – likely suggestive of gouty tophi

Other possibility would be Hemangioma versus giant cell tumour of the tendon sheath

The mass lesion is slightly crossing the first metatarsophalangeal joint, involving the overlying extensor tendon.

Recommend IV Contrast study for complete evaluation, S. uric acid levels, HPE as indicated clinically.



SARTORIUS TENDON TEAR WITH RETRACTION

DESCRIPTION :

Full thickness tear of the sartorius tendon at the point of tibial insertion with retraction of the tendon and marked surrounding hematoma around the medial cortex of proximal tibia.

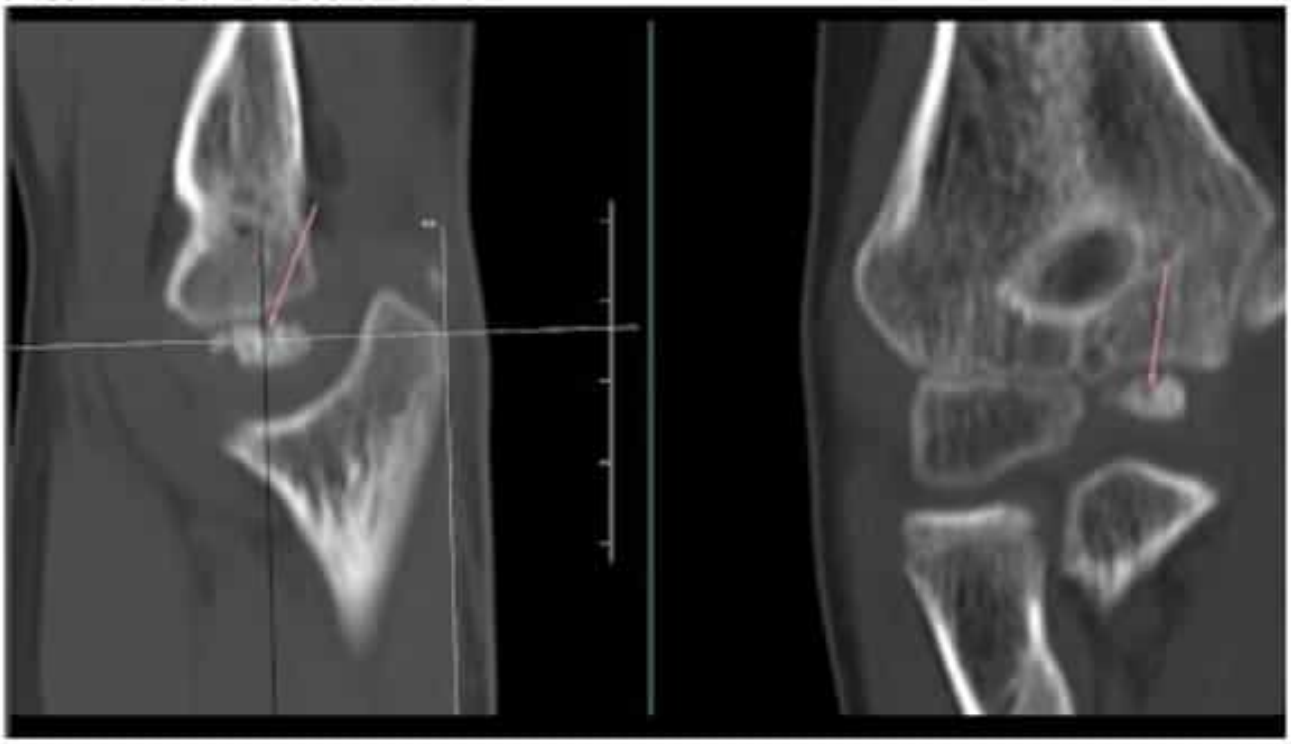


suggestive of osteonecrosis of the humeral trochlea (Hegemann disease)

Small, shrunken, irregular and sclerotic humeral trochlea epiphysis with evidence of suspicious fragmentation – suggestive of osteonecrosis of the humeral trochlea (Hegemann disease)

Mild joint effusion

Recommend clinical correlation.

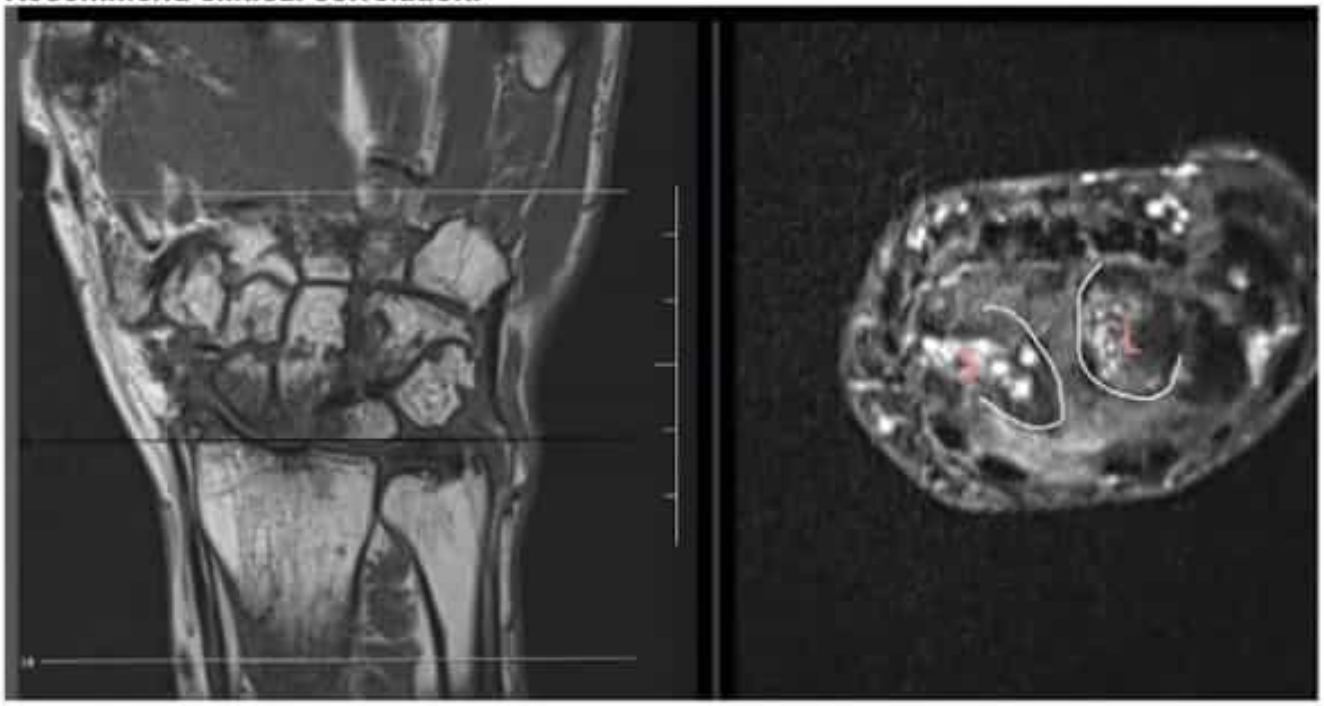


Scapholunate advanced collapse (SLAC),

Marked widening of the scapholunate joint space with proximal recession of the capitate with evidence of scapho-lunate ligament tear and resultant marked radio scaphoid, intercarpal osteoarthritis – suggesting Scapholunate advanced collapse (SLAC),.

Changes of multilevel intercarpal joint arthrosis with subchondral cystic changes involving the capitate, lunate, Hamate, trapezium, trapezoid bones.

Recommend clinical correlation.



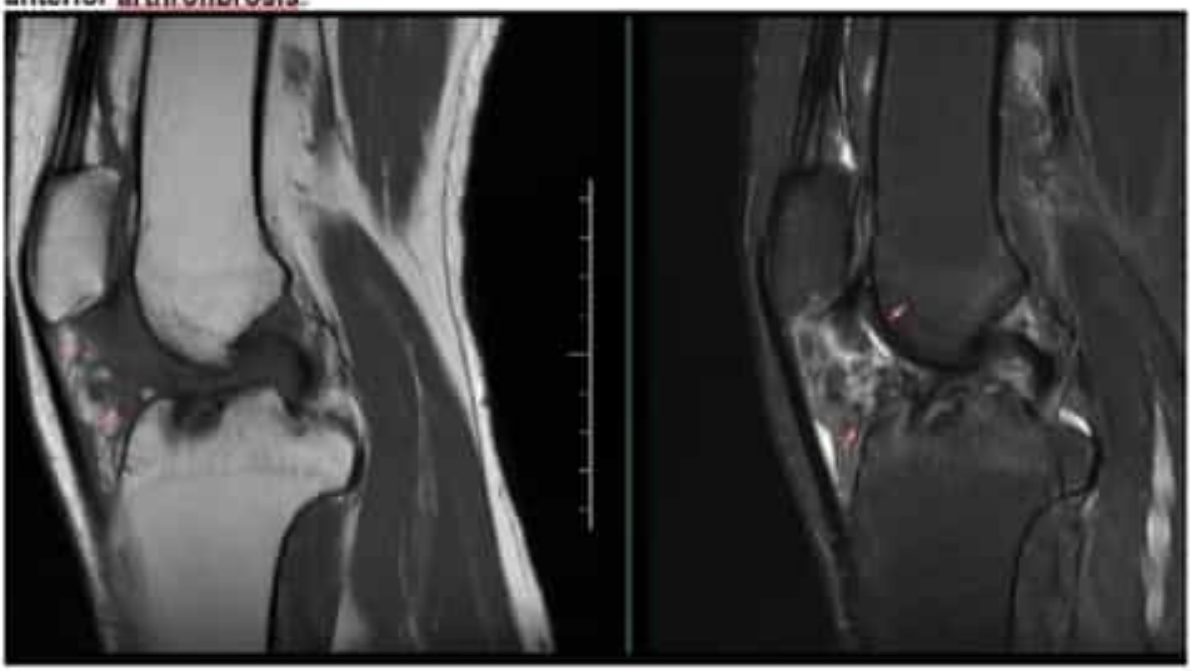
CYCLOPS LESION

Slight anterior subluxation of the knee joint.

Status post ACL repair surgery with graft in place. The tibial tunnel is entirely anterior to and parallel to the line drawn along the roof of the intercondylar notch (Blumensaat line) – needs clinical correlation.

Grade I signal changes within posterior horn of medial meniscus

Mild joint effusion with marked focal soft tissue thickening involving the Hoffa's fat pad just anterior to the intercondylar notch with surrounding fat stranding – suggestive of localized anterior arthrofibrosis.



CORACO HUMERAL LIGAMENT (CHL) AND SUBSCAPULARIS TENDON TEARS WITH RESULTANT BICEPS LONG HEAD TENDON DISLOCATION

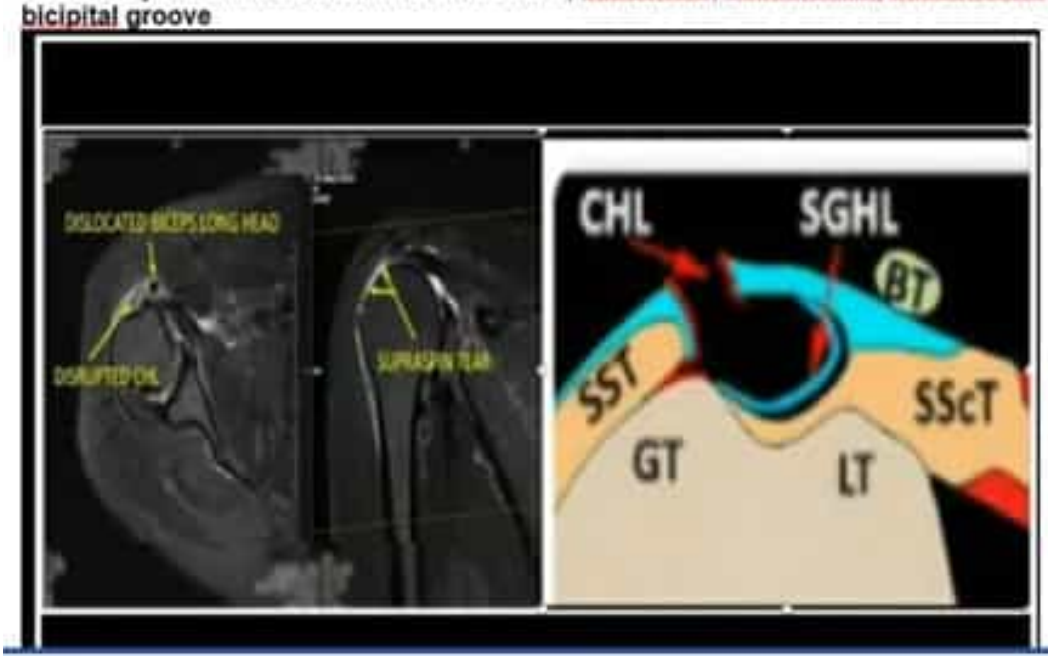
[Full thickness, partial width tear involving distal supraspinatus tendon with 2.2 cm medial retraction from the level of greater trochanter. Supraspinatus muscle atrophy

A focal tear involving the distal , superior subscapularis tendon at greater tuberosity attachment

Coracohumeral ligament (CHL) tear at greater tuberosity attachment disrupting the bicipital groove sheath

"Resultant anteromedial dislocation of long head of biceps tendon out of the bicipital groove".

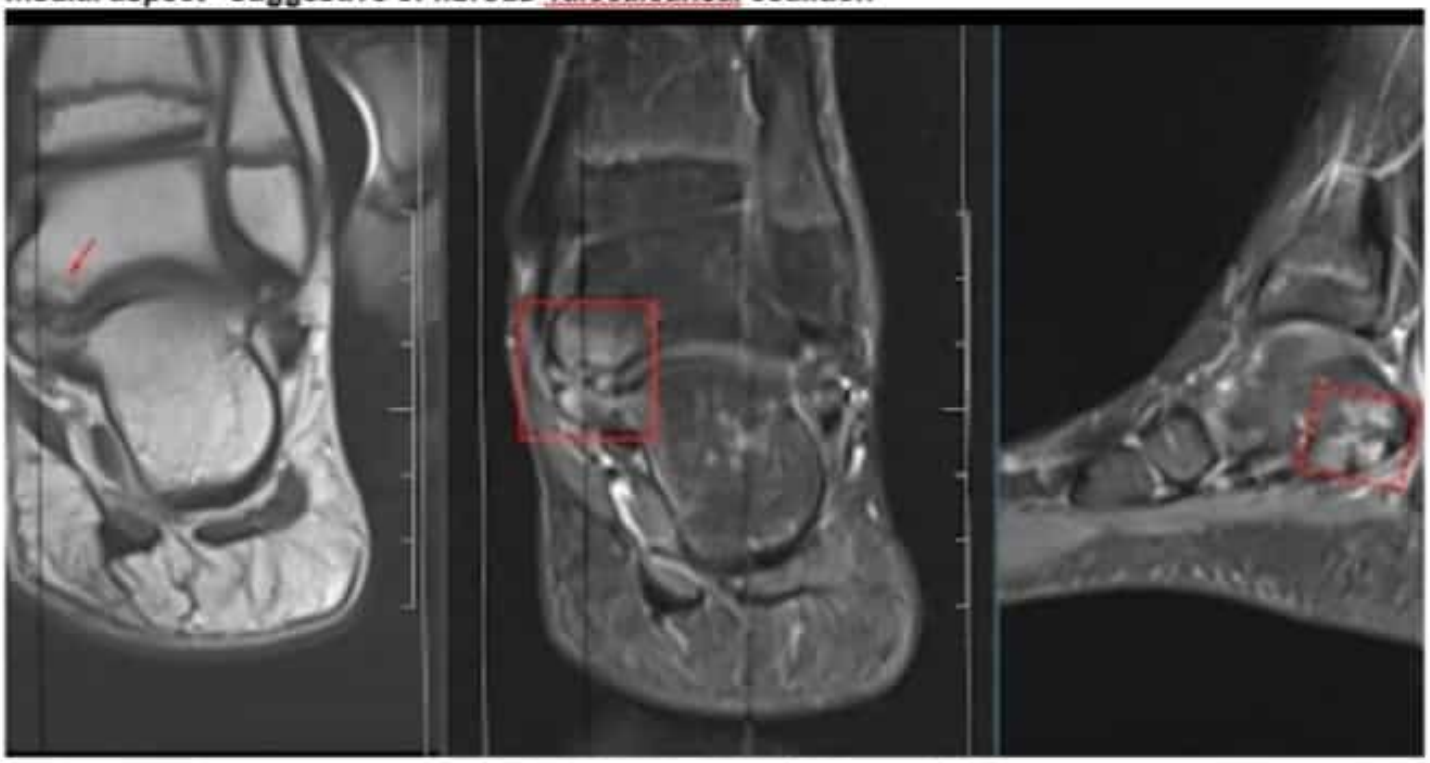
Moderate joint effusion with fluid collections, subdeltoid, subacromial, subcoracoid bursa and bicipital groove



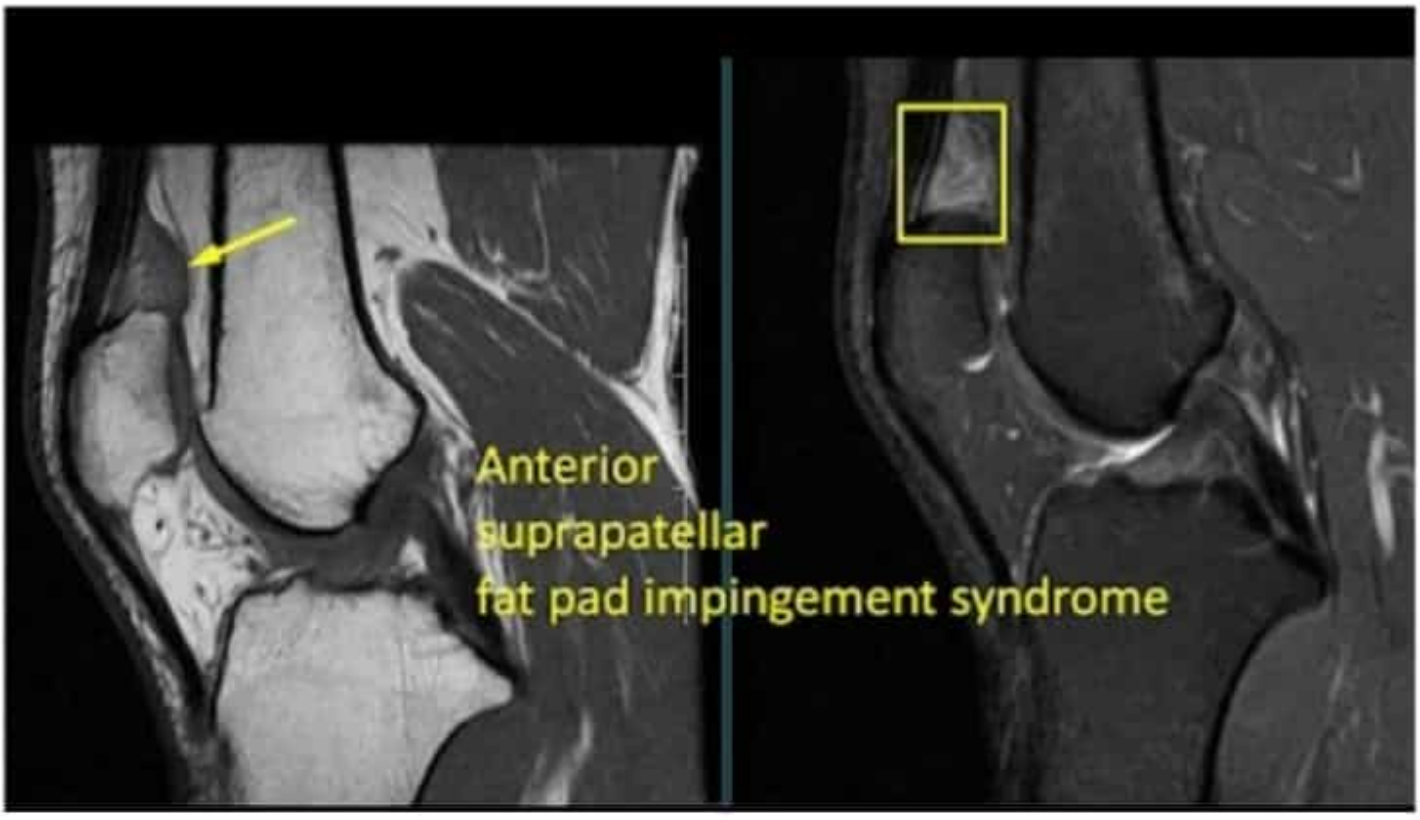
fibrous Talocalcaneal coalition

The medial talar process appears slightly prominent.

Marked subchondral bone marrow edema at medial aspect of subtalar joint involving the talus, calcaneal articular margins at the level of sustentaculum Tali associated with small effusion at the medial aspect –suggestive of fibrous Talocalcaneal coalition



Focal STIR hyperintensity involving the anterior suprapatellar fat pad (hypointense on T1W) – suggestive of Anterior suprapatellar (quadriceps) fat pad impingement syndrome



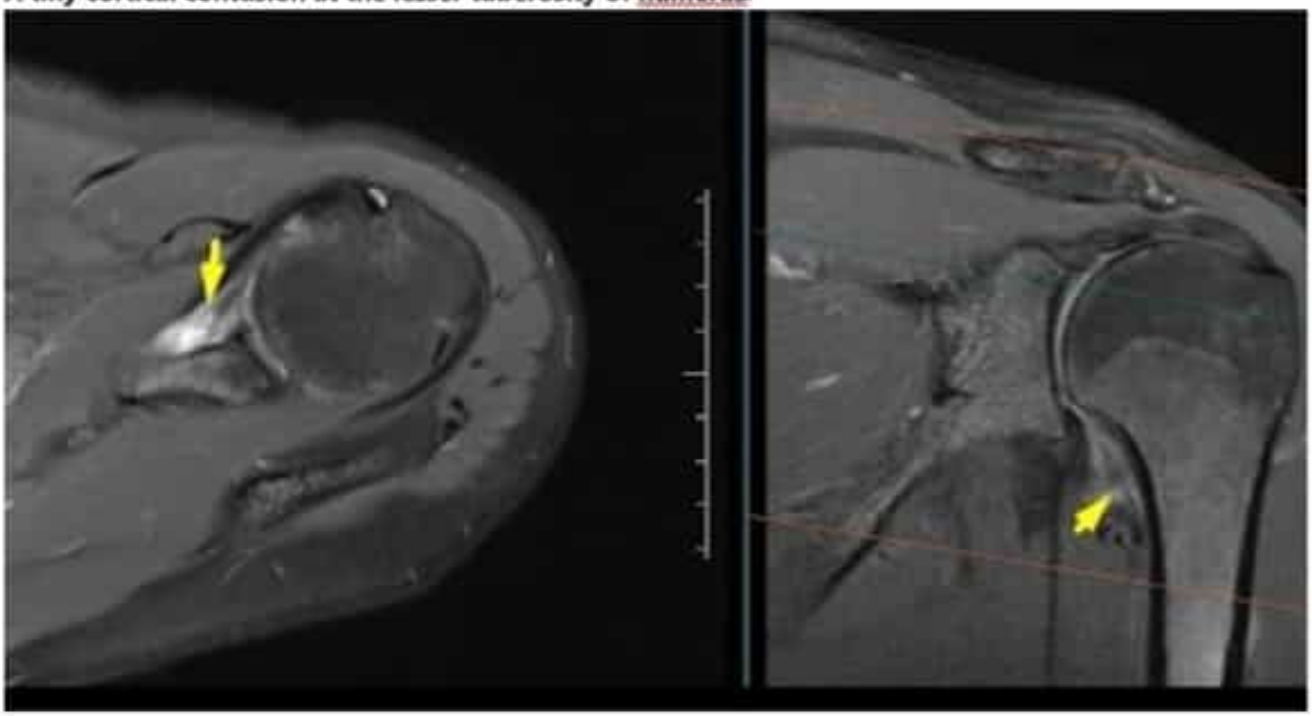
ADHESIVE CAPSULITIS (FROZEN SHOULDER)

Trace joint effusion with focal thickening of inferior glenohumeral ligament with small abnormal soft tissue thickening at rotator interval – represents adhesive capsulitis

Mild distal subscapularis tendinosis involving the superior fibers

Small fluid collection in the bicipital groove

A tiny cortical contusion at the lesser tuberosity of humerus

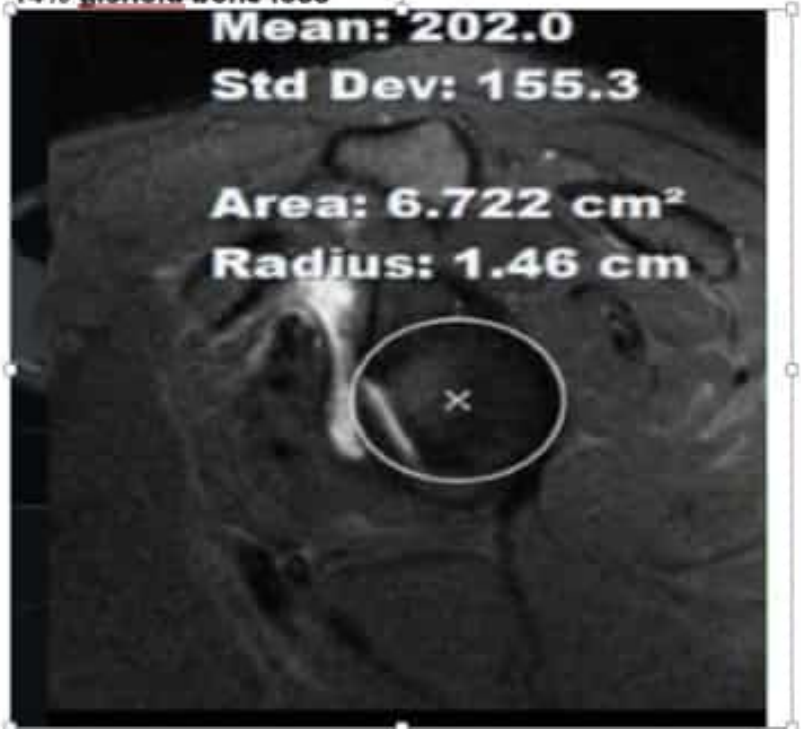


GLENOID BONE LOSS

Findings represent anterior labral tear at antero inferior aspect (2 to 5 o clock position) – Bony bankart lesion

Focal impaction fracture at posterolateral aspect of supracoracoid humeral head – represent Hill Sach's lesion – on track.

14% glenoid bone loss

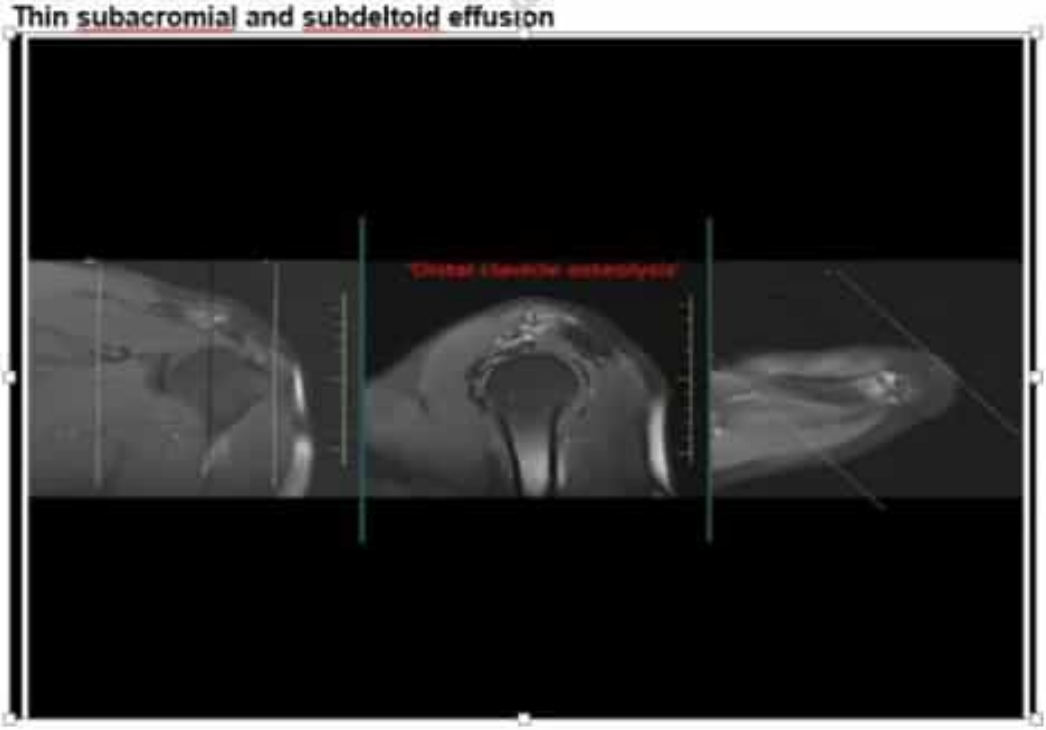


Distal clavicle osteolysis

A linear STIR hypointensity involving the lateral most subchondral part of left clavicle with marked surrounding clavicular marrow edema , periosteal edema with acromio clavicular joint effusion – suggestive of 'Distal clavicle osteolysis' with acromio clavicular joint synovitis

Small fluid signals involving the rotator interval suggesting mild adhesive capsulitis.

Thin subacromial and subdeltoid effusion



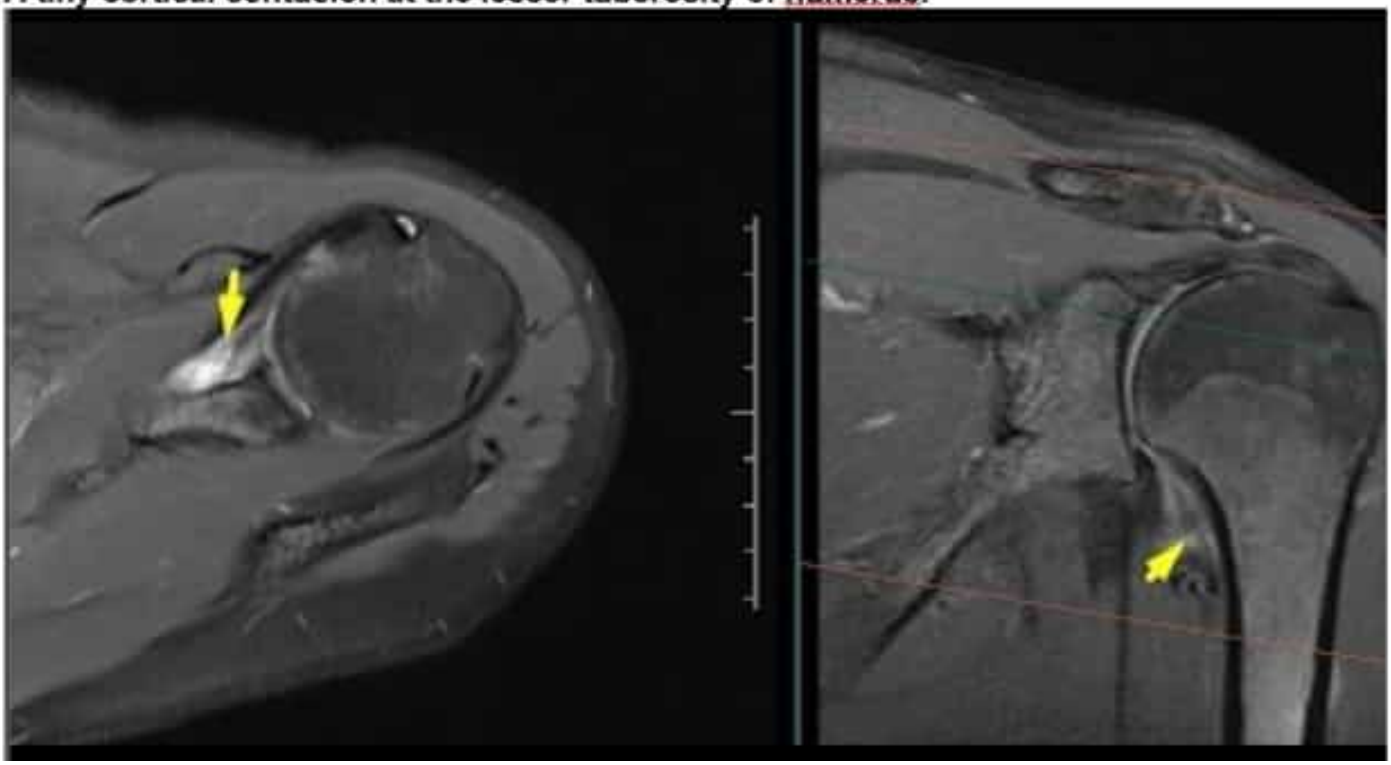
ADHESIVE CAPSULITIS (FROZEN SHOULDER)

Trace joint effusion with focal thickening of inferior glenohumeral ligament with small abnormal soft tissue thickening at rotator interval – represents adhesive capsulitis

Mild distal subscapularis tendinosis involving the superior fibers

Small fluid collection in the bicipital groove

A tiny cortical contusion at the lesser tuberosity of humerus.

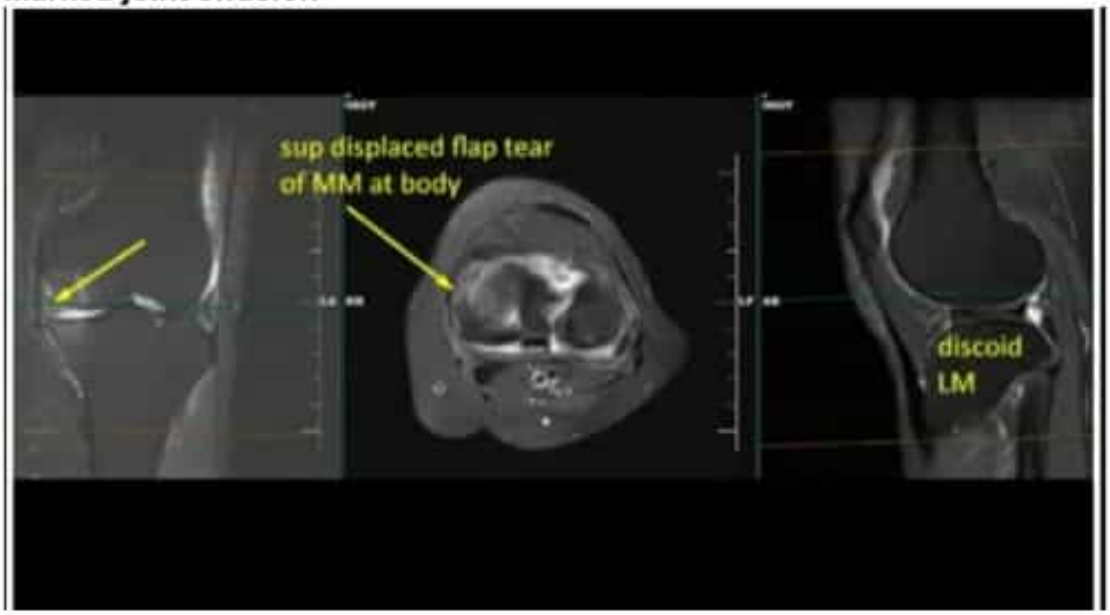


Cartilage defects at weight bearing aspect of medial femoral condyle with tiny underlying subchondral cysts and reactive marrow edema – osteoarthritis.

A focal radial defect involving posterior horn of medial meniscus - suggestive of a superiorly displaced flap tear

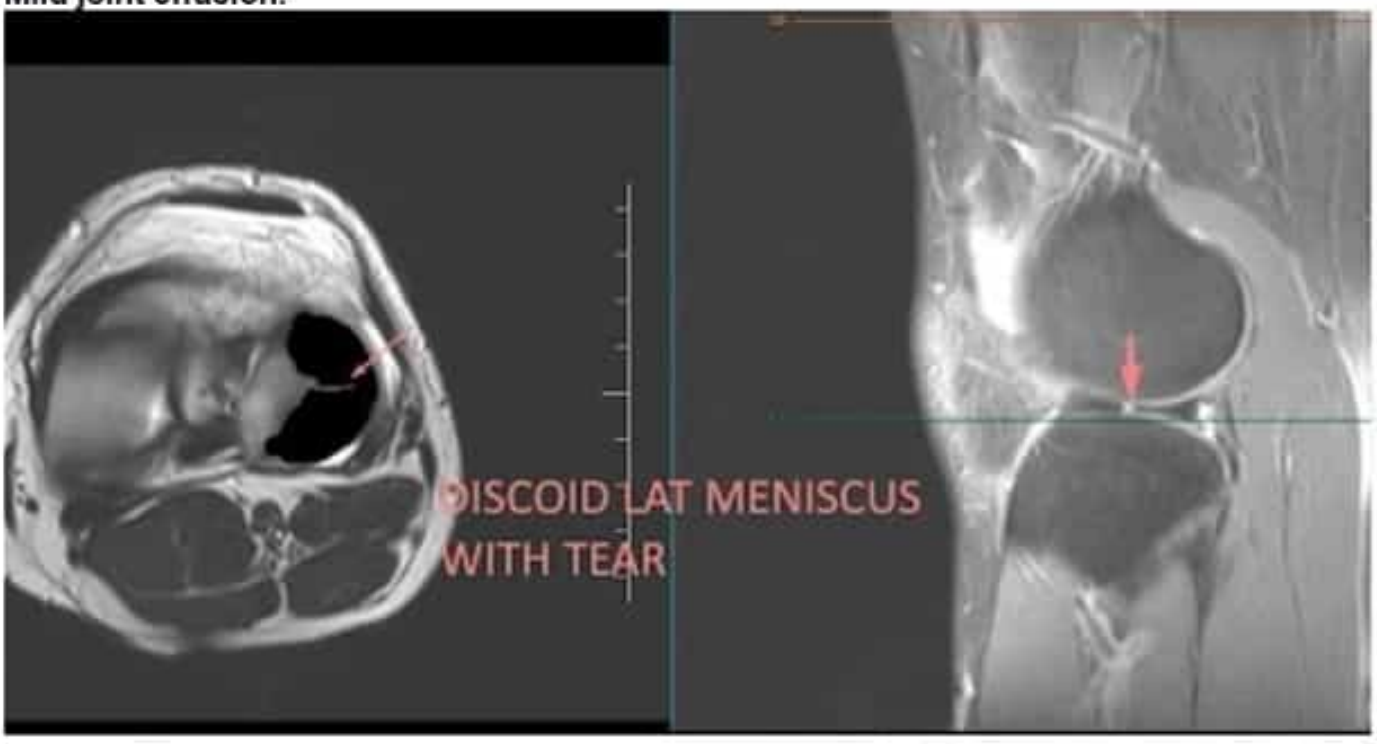
Discoid lateral meniscus

Marked joint effusion



Discoid lateral meniscus with a tiny grade III radial tear at the inner zone of body

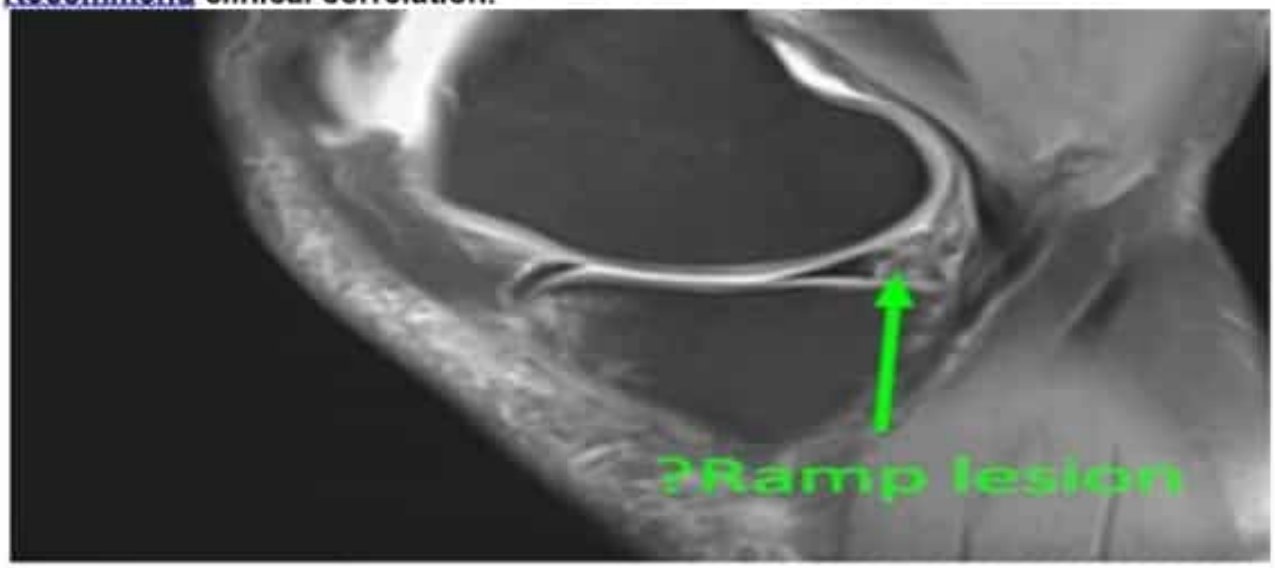
Mild joint effusion.



- Small patchy marrow contusions involving posterior part of lateral tibial plateau.
- Small osteochondral impaction contusion / fracture at lateral femoral condyle.
- High grade anterior cruciate ligament tear at midsubstance.
- Grade III tear of medial collateral ligament at femoral attachment.
- Grade I sprain of fibular collateral ligament.
- Altered marrow signal intensities involving menisco tibial ligament (Ramp lesion type 3).
- Moderate joint effusion (lipohemarthrosis).

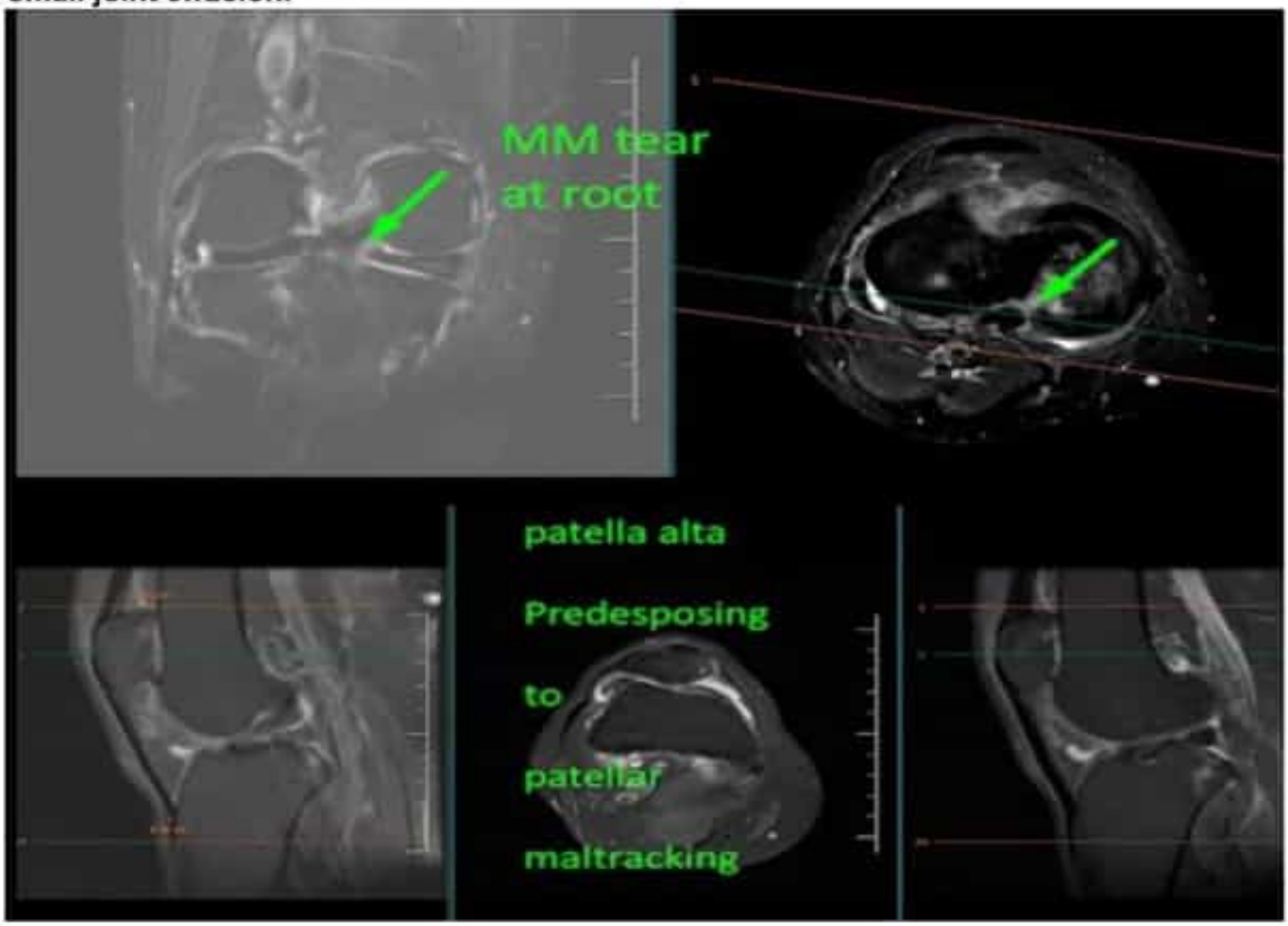
Findings suggestive of pivot shift mechanism of injury

Recommend clinical correlation.

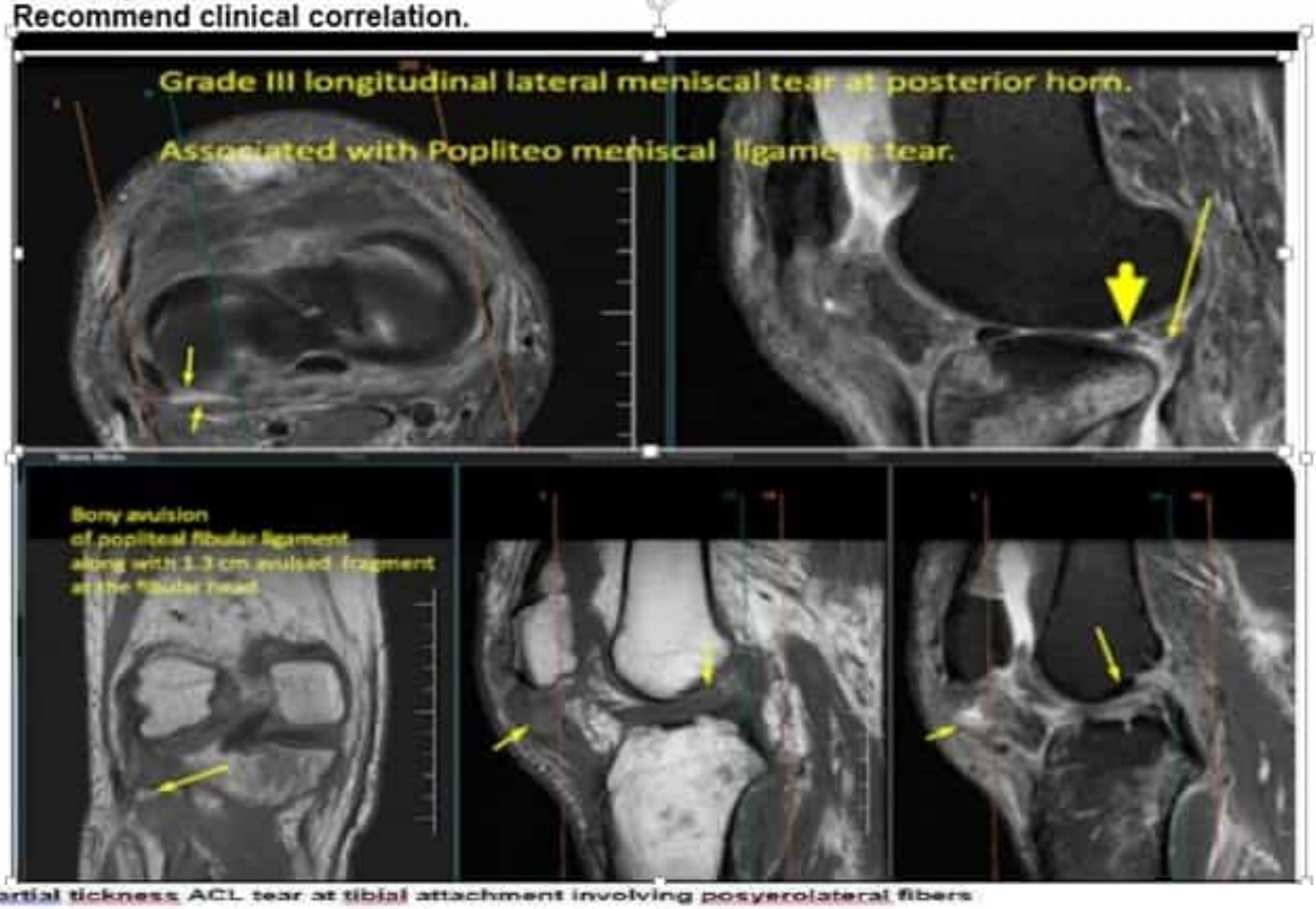




Cartilage defects at weight bearing aspect of medial femoral condyle with extensive subchondral bone marrow edema of the medial femoral condyle – osteoarthritis.
Grade III radial medial meniscal tear at the posterior root with slight meniscal subluxation.
High lying patella (patella alta) with focal fat stranding superolateral aspect of Hoffa's fat pad - likely suggestive of Hoffa's fat pad impingement. (Lateral femoral condyle patellar tendon friction syndrome).
Slight lateral patellar subluxation – likely suggestive of patellar maltracking.
Grade I sprain of medial collateral ligament.
Changes of chondromalacia patella.
Small joint effusion.



Unicortical fractures at posterior aspect of lateral, medial tibial plateaus with surrounding marrow contusions. Tiny fractures involving the fibular head .
'Bony avulsion of popliteal fibular ligament' along with 1.3 cm avulsed fracture fragment at the fibular head (the popliteal fibular ligament is diffusely thickened demonstrating intermediate T1 signal). The popliteus tendon appears intact, demonstrating normal signal intensities.
Grade III longitudinal lateral meniscal tear at posterior horn.
Popliteo meniscal ligament tear.
High grade patellar tendon at midsubstance with fluid collections involving the Hoffa's fat pad, deep infrapatellar bursa and prepatellar bursa.
Marked joint effusion.
Recommend clinical correlation.

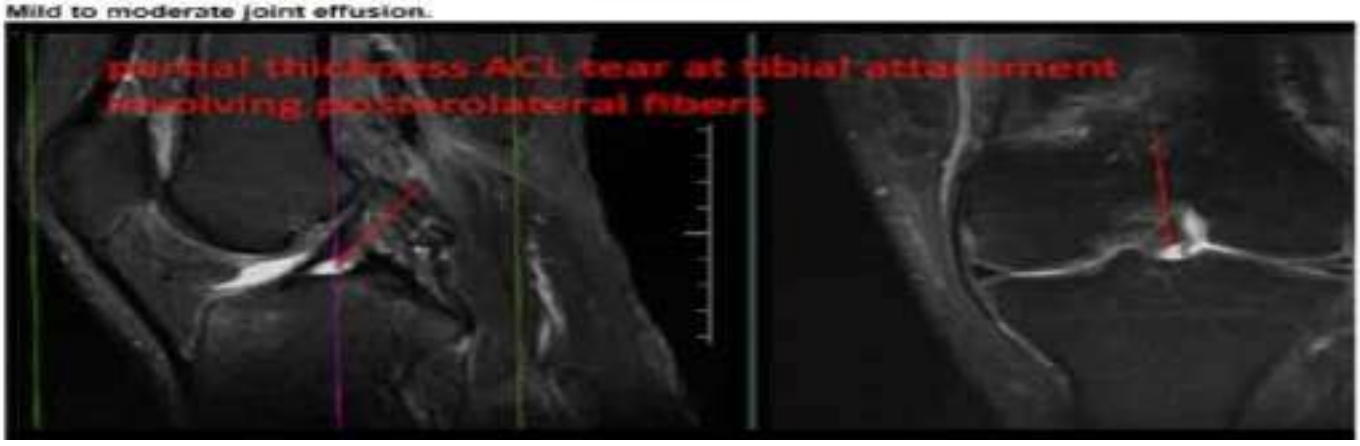


partial tickness ACL tear at tibial attachment involving posyerolateral fibers

Grade II to III signal changes within posterior horn of medial meniscus.

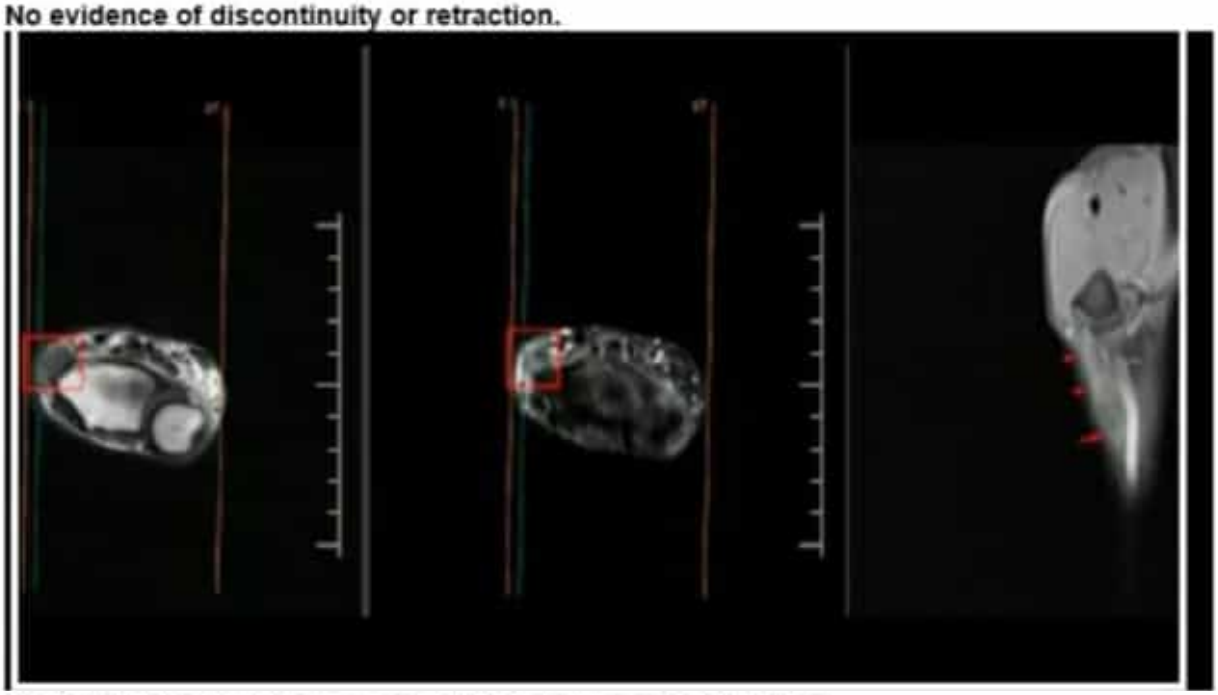
Focal partial thickness tear involving the posterolateral fibers of anterior cruciate ligament at the tibial attachment. (the rest of ACL is intact)

Mild to moderate joint effusion.



Marked fusiform thickening of the abductor pollicis longus (APL) and extensor pollicis brevis (EPB) tendons from the level of distal radius to the base of first metacarpal demonstrating intrasubstance intermediate T1 signal intensities with surrounding fat stranding –suggestive of intrasubstance tendon tears.

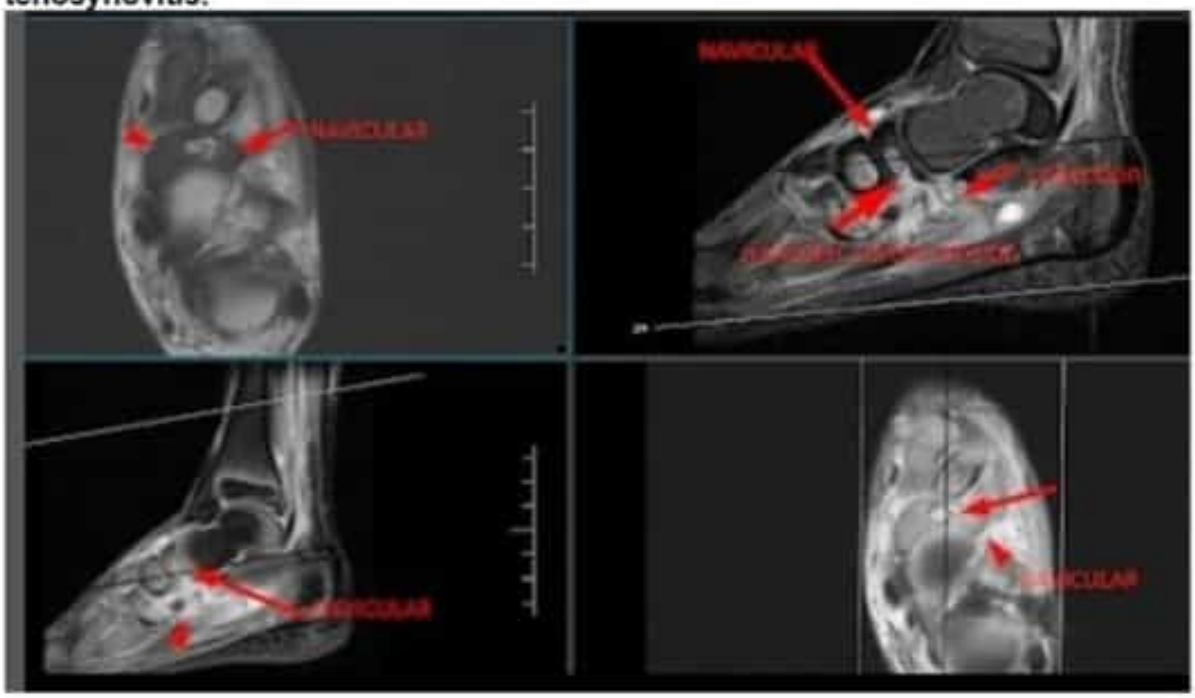
No evidence of discontinuity or retraction.



KOHLER DISEASE WITH SECONDARY OSTEOMYELITIS

Compressed navicular bone, demonstrate diffuse low intensity with a central ovoid abnormal STIR hyperintensity with internal low intensity rim which is communicating with large surrounding inferior perinavicular collection through a inferior cortical defect – represents osteonecrosis of the navicular bone (Köhler disease) with secondary osteomyelitis.

Thin fluid collections surrounding the tibialis posterior, flexor digitorum longus and flexor hallucis longus tendons associated with ankle joint effusion – suggestive of infective tenosynovitis.



Features suggestive of abductor pollicis longus and extensor pollicis brevis tenosynovitis at the level of radial styloid process (De Quervain tenosynovitis)

Recommend clinical correlation.

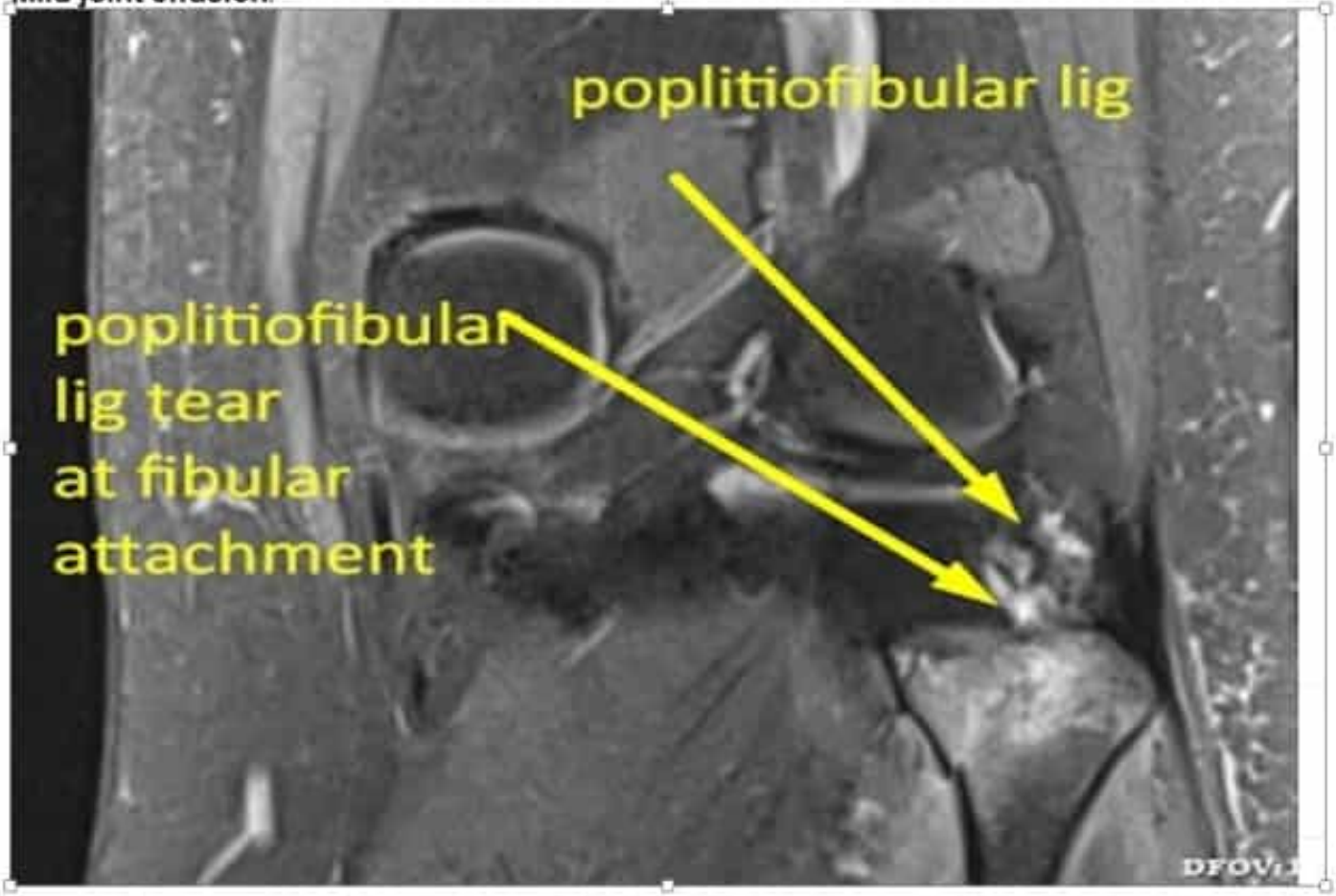


Linear fractures involving the fibular head with marrow contusion.

Popliteal fibular ligament tear at its fibular attachment. (with intact popliteus tendon and lateral collateral ligament complex).

Slight high lying patella with lateral patellar subluxation - likely related to patellar maltracking.

Mild joint effusion.



Findings suggestive of degenerative wear of triangular fibrocartiliage complex ligament (TFCC) at ulnar styloid attachment (triangular fibrocartiliage complex ligament wear class II C).

Small patchy subchondral marrow edema at the proximal cortex of lunate and triquetral bones – suggestive of Ulnar impaction syndrome.

No obvious ulnar variance.



Partial thickness tiny tear of distal supraspinatus tendon at articular aspect involving the anterior fibers at the foot plate associated with tendinosis.

Full thickness partial width tear involving superior fibers of subscapularis tendon

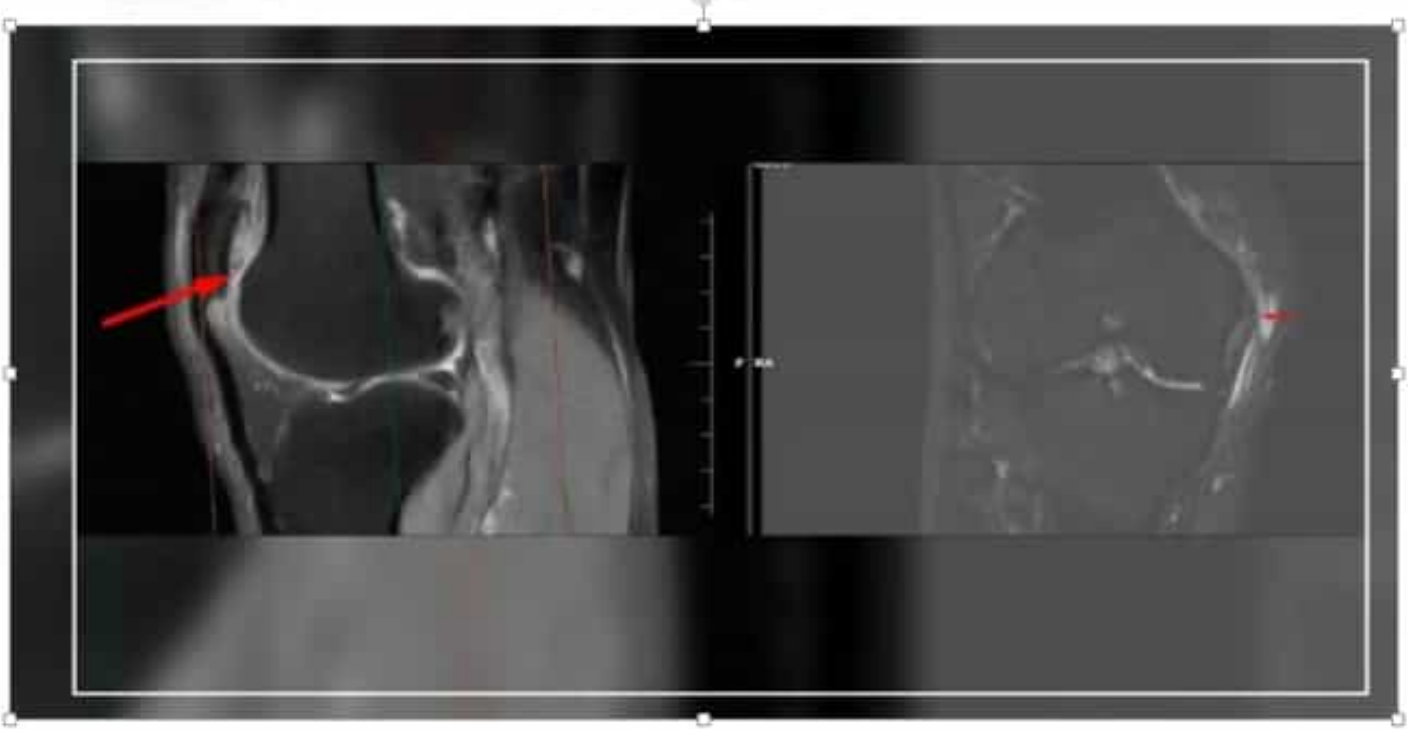
Middle gleno-humeral ligament (MGHL) tear with anterior synovial outpouching at this level.

Moderate joint effusion with fluid collections, subdeltoid, subacromial, subcoracoid bursa and bicipital groove

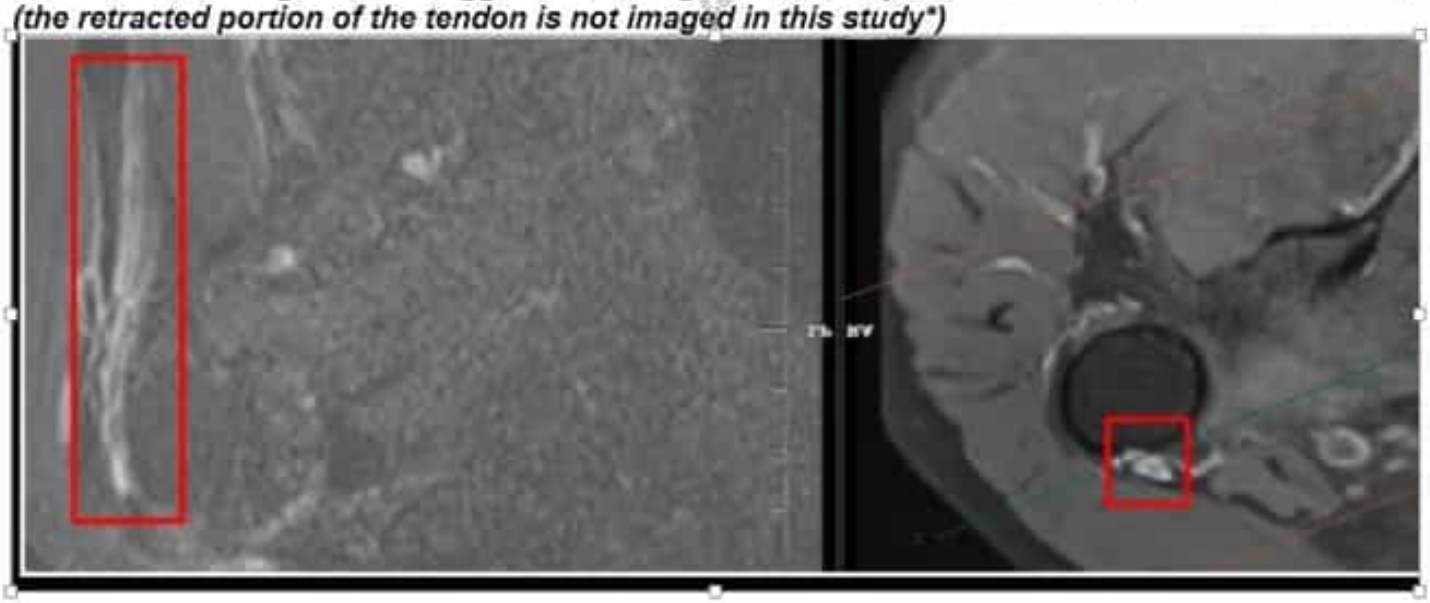
Recommend clinical correlation.



Slightly high lying patella with focal fat stranding is noted superolateral aspect of Hoffa's fat pad - "likely suggestive of Hoffa's fat pad impingement (lateral femoral condyle patellar tendon friction syndrome")
Hypoplastic medial femoral trochlea with increased TT-TG distance of 1.3 cm – suggesting underlying "patellar mal tracking"
Grade II to III tear of medial collateral ligament.
Partial mucoid degeneration of anterior cruciate ligament



Empty bicipital groove with bursal fluid collection and non-visualisation of long head of biceps tendon within the groove – *"suggestive of long head of biceps tendon tear with distal retraction (the retracted portion of the tendon is not imaged in this study")*



Prominent calcaneal spur at postero-superior aspect at the point of Achilles tendon insertion with mild thickening of tendon – suggestive of Achilles tendinosis (? Haglund disease).

Another calcaneal spur at the base at the point of insertion of the plantar fascia with mild thickening of the fascia - possibility of plantar fasciitis cannot be ruled out.

Recommend MRI for soft tissue and marrow evaluation if indicated clinically.



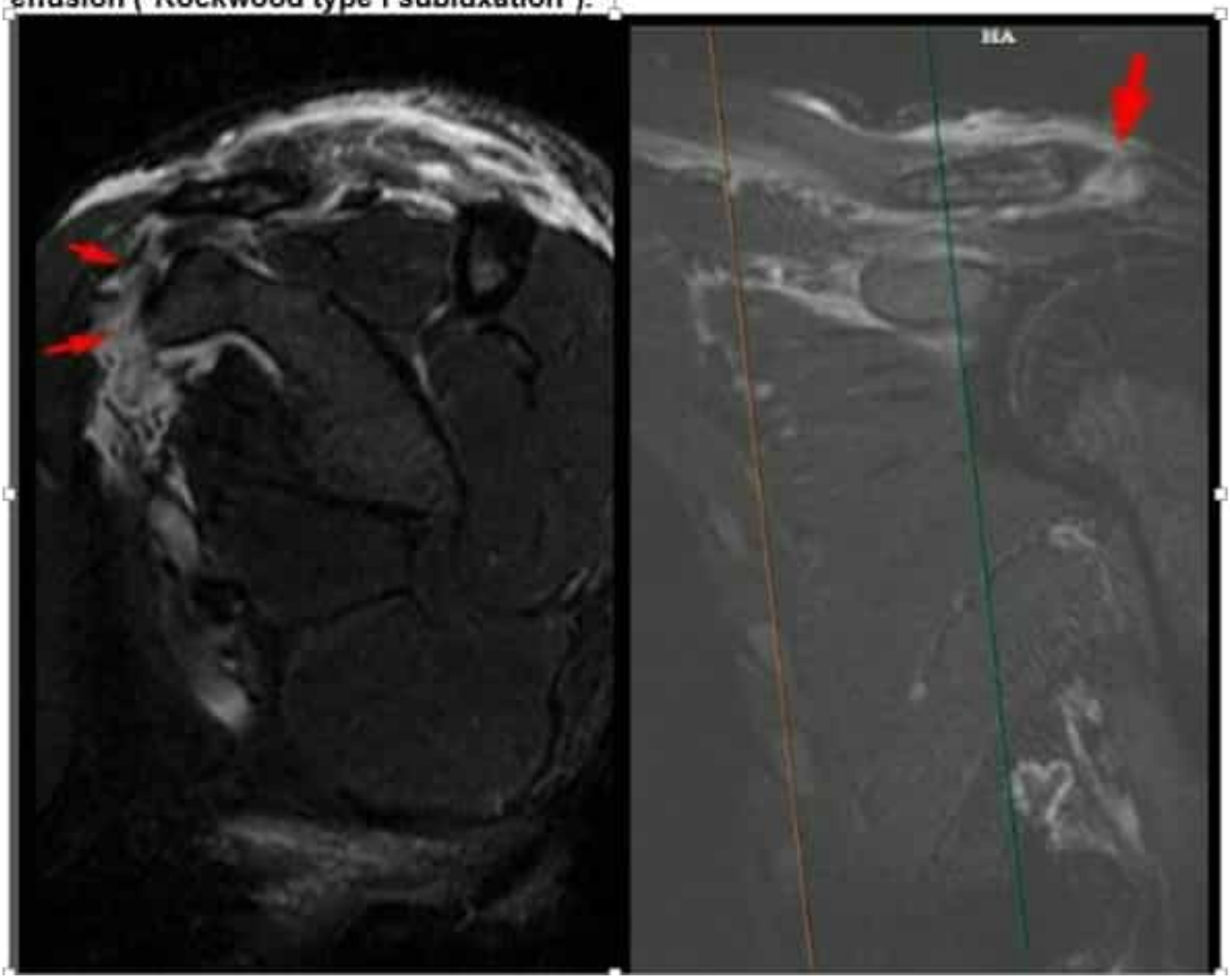
A linear mildly displaced oblique fracture involving the distal metaphysis of the femur traversing through an eccentric, ovoid well defined T1, T2 hypointense lesion (4 x 1.5 x 1.4 cm) along the medial cortex of distal metaphysis of femur (mixed intensity on STIR sequence) – represents a non-ossifying fibroma with pathological fracture.
The distal margin of the lesion is 2.6 cm proximal to distal femoral growth plate and the fracture is 4.5 cm plate proximal to femoral growth plate.
Distal vastus intermedius muscle contusion extending upto the proximal quadriceps tendon
Mild to moderate knee joint effusion (lipohemarthrosis).
Recommend HPE correlation, follow up.



Marked long segment fusiform thickening of the ulnar nerve over an approximate length of 17 cm extending from the level of distal humeral metaphysis to distal ulnar diaphysis (The distal extent is not completely imaged in this study) – **represents ulnar neuropathy , of concern for infective etiology, likely leprosy versus plexiform neurofibroma**



Acute post traumatic acromio clavicular joint subluxation with joint space widening and effusion ("Rockwood type I subluxation").



Multifocal small marrow edema involving the lunate, triqueteral bones

Thickened triangular fibrocartiliage complex ligament associated with trace ulnocarpal joint effusion with mild synovial thickening in this region.

"Features suggestive of ulnar impaction syndrome with TFC complex wear and early lunate chondromalacia"



Widened scapholunate joint space with slight dorsal tilt of the lunate bone – dorsal intercalated segmental instability (DISI)

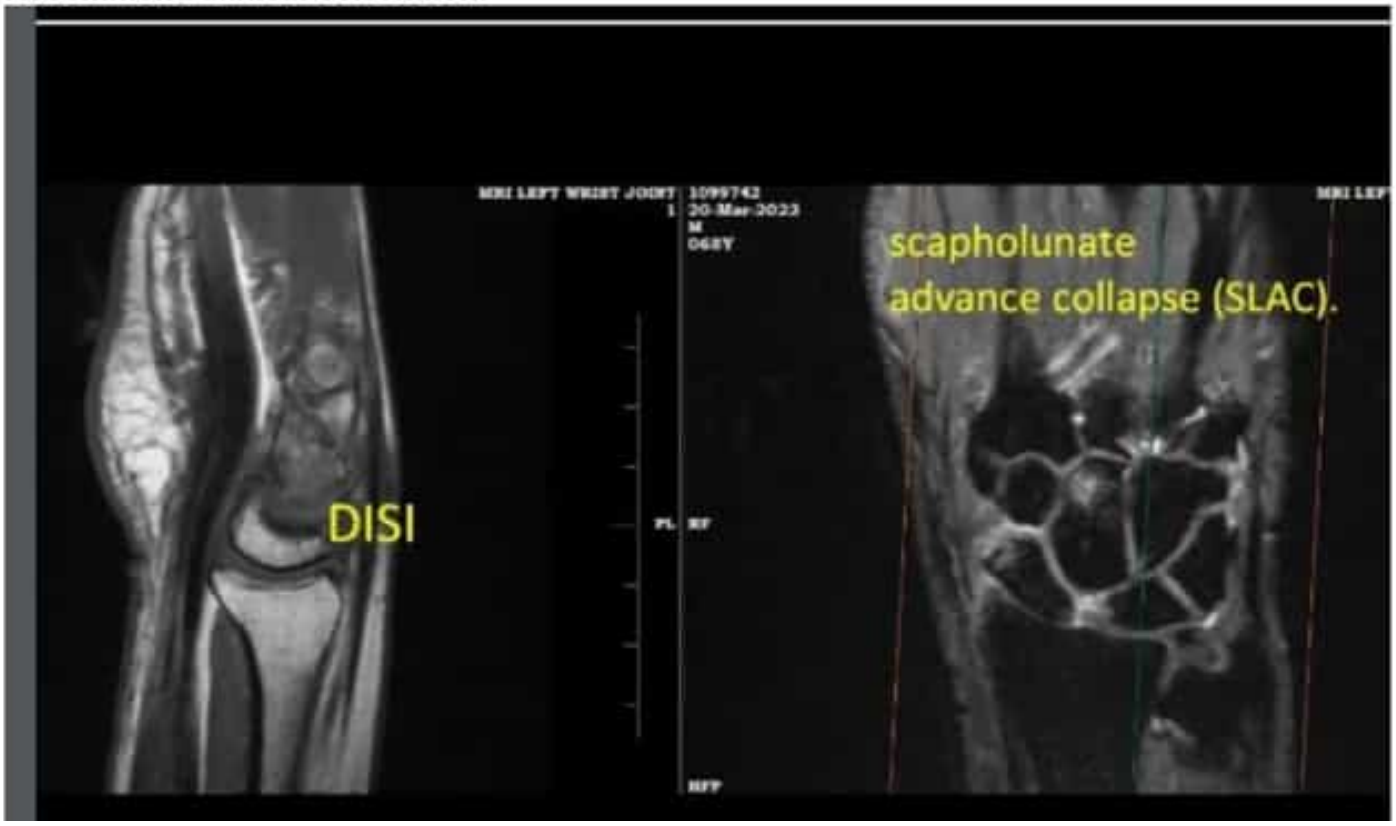
Scapholunate ligament tear at the dorsal band

Multifocal small subchondral altered marrow signal intensities involving the scaphoid, lunate, capitate bones "suggesting early changes of degenerative intercarpal joint arthrosis".

Mild proximal recession of the capitate bone – "? suggestive of scapholunate advance collapse (SLAC").

Mild ulnar negative variance with evidence of mild ulnar impingement

Recommend clinical correlation.



Multifocal marrow contusions involving the medial malleolus , lateral talar dome at subchondral aspect

Tiny marrow contusions involving the navicular cortex

Os naviculare (accessory navicular bone) associated with marked tibialis posterior tendinosis

Findings suggestive of anterior talofibular ligament (ATFL) tear at talar attachment

Low grade sprain of supero-medial component of spring ligament

Low grade sprain of deep fibers of deltoid ligament and syndesmotic ligament.

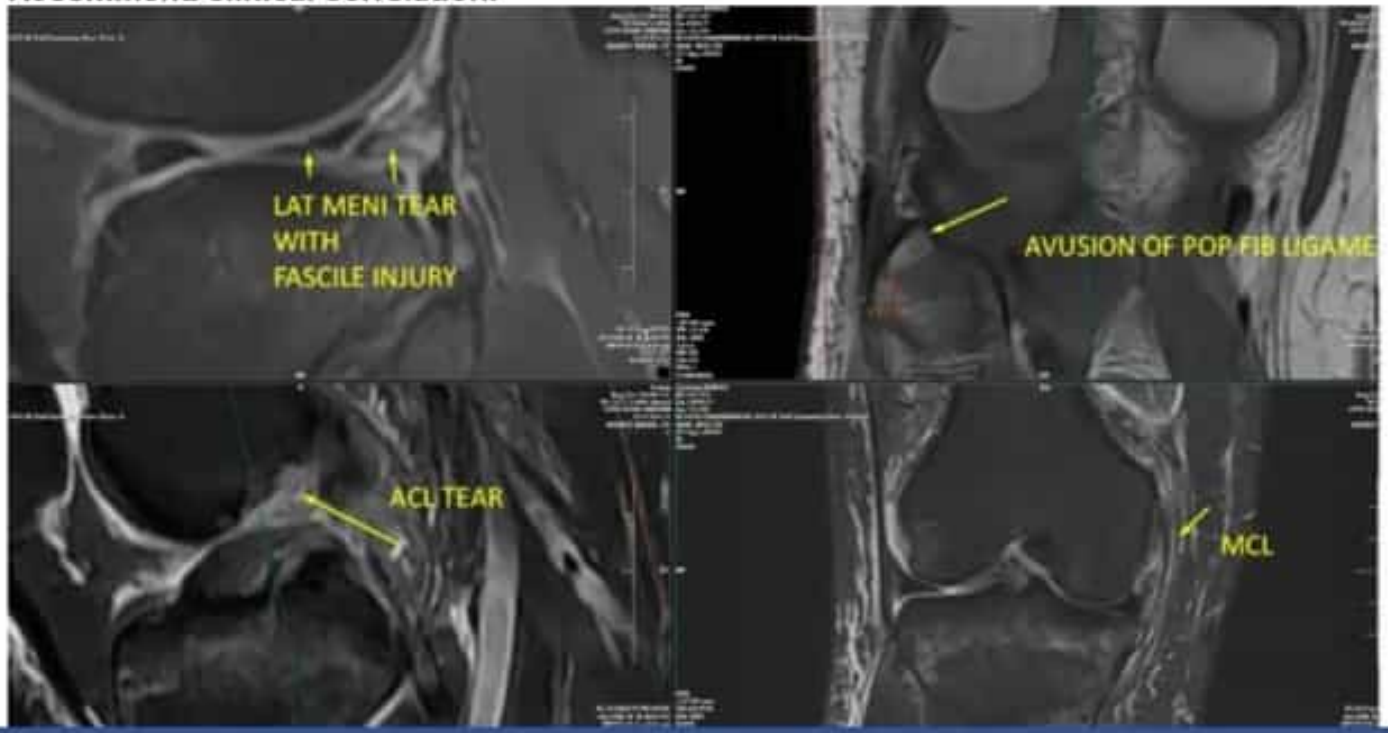
Mild to moderate joint effusion.



Small patchy marrow contusions involving posterior part of lateral tibial plateau.

- Small osteochondral impaction contusion / fracture at lateral and medial femoral condyle.
- Grade III anterior cruciate ligament tear at femoral attachment.
- Grade III tear of medial collateral ligament.
- Grade II to III longitudinal tear involving posterior horn of lateral meniscus along the inner zone associated with menisco popliteal fascicle injury.
- Posterolateral corner injury :- *Bony avulsion of popliteo fibular ligament from the fibular attachment along with 1.1 segment avulsed fracture fragment at the tip of fibular head.
- Moderate joint effusion (lipohemarthrosis).

Recommend clinical correlation.



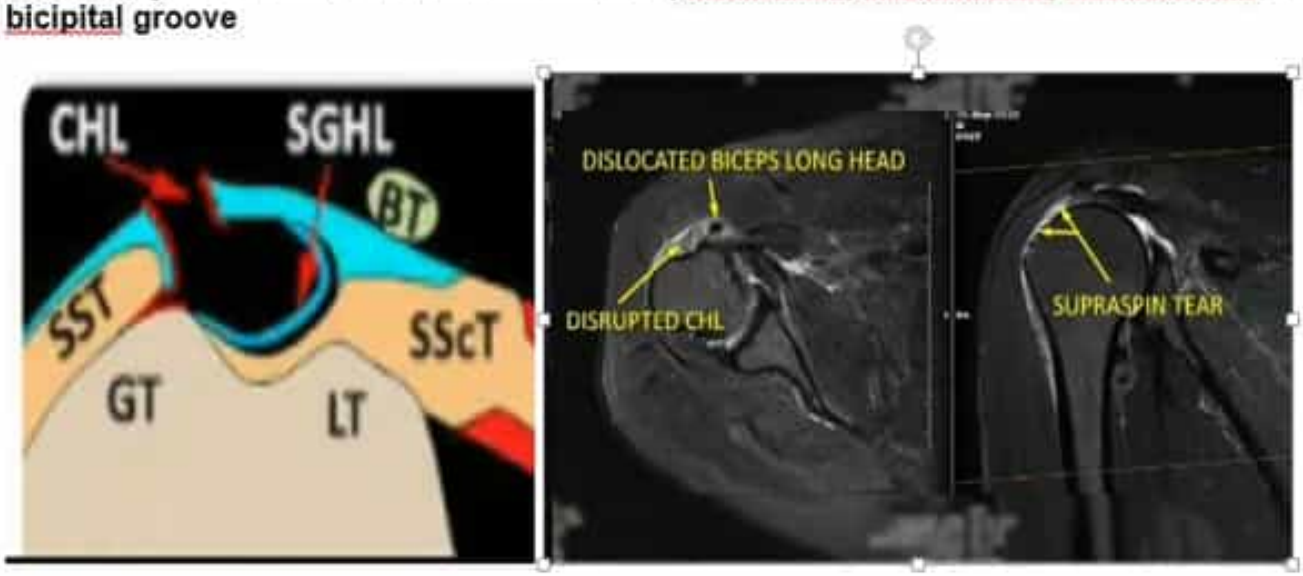
Full thickness, partial width tear involving distal supraspinatus tendon with 2.2 cm medial retraction from the level of greater trochanter. Supraspinatus muscle atrophy (Goutallier grade II)

A small tear involving the distal , superior subscapularis tendon at greater tuberosity attachment

Coracohumeral ligament tear at greater tuberosity attachment disrupting the bicipital groove sheath

"Resultant anteromedial dislocation of long head of biceps tendon out of the bicipital groove".

Moderate joint effusion with fluid collections, subdeltoid, subacromial, subcoracoid bursa and bicipital groove

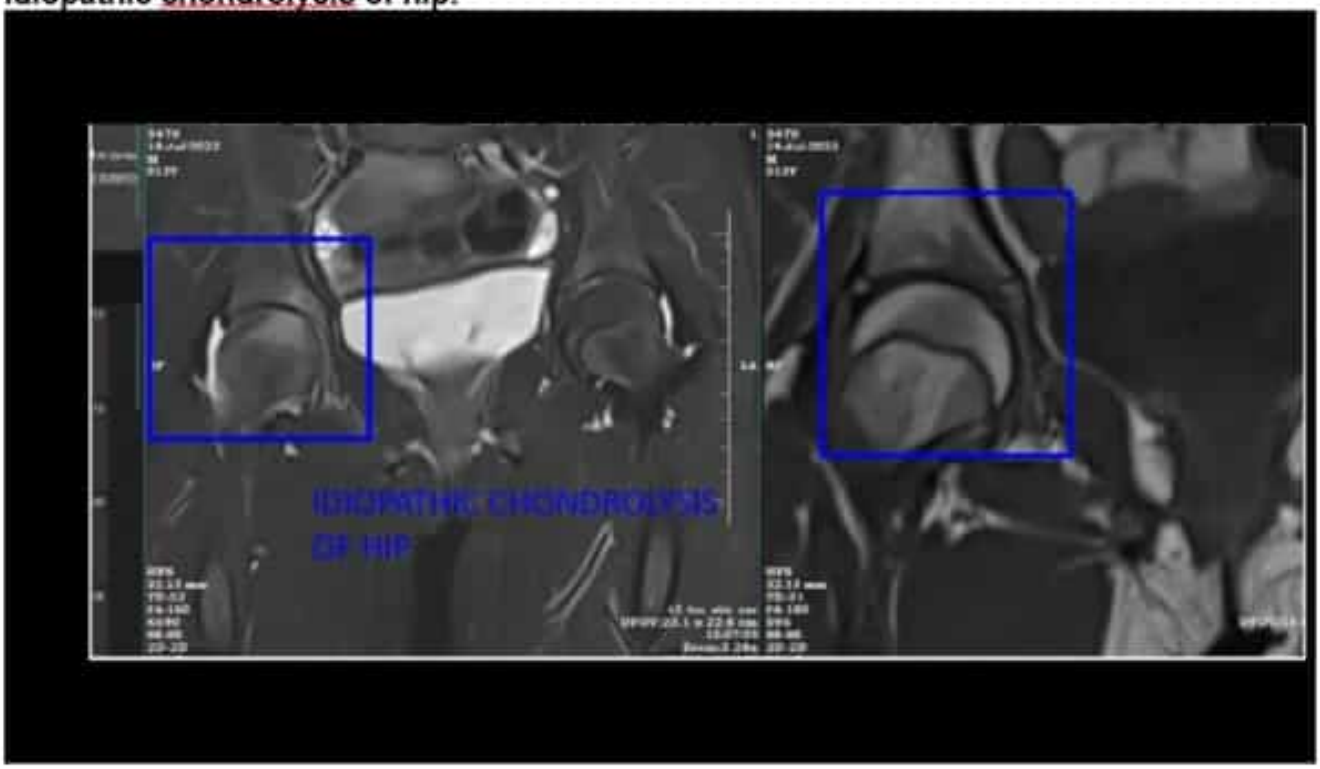


High STIR signals along the course of bilateral quadratus femoris muscles (right >left) – **likely suggestive of ischiofemoral impingement syndrome**



Pelvic tilt to the right

Small patchy subchondral altered marrow signal intensities involving right femoral head and acetabulum around the foveal region with small right hip joint effusion – suggestive of Idiopathic chondrolysis of hip.



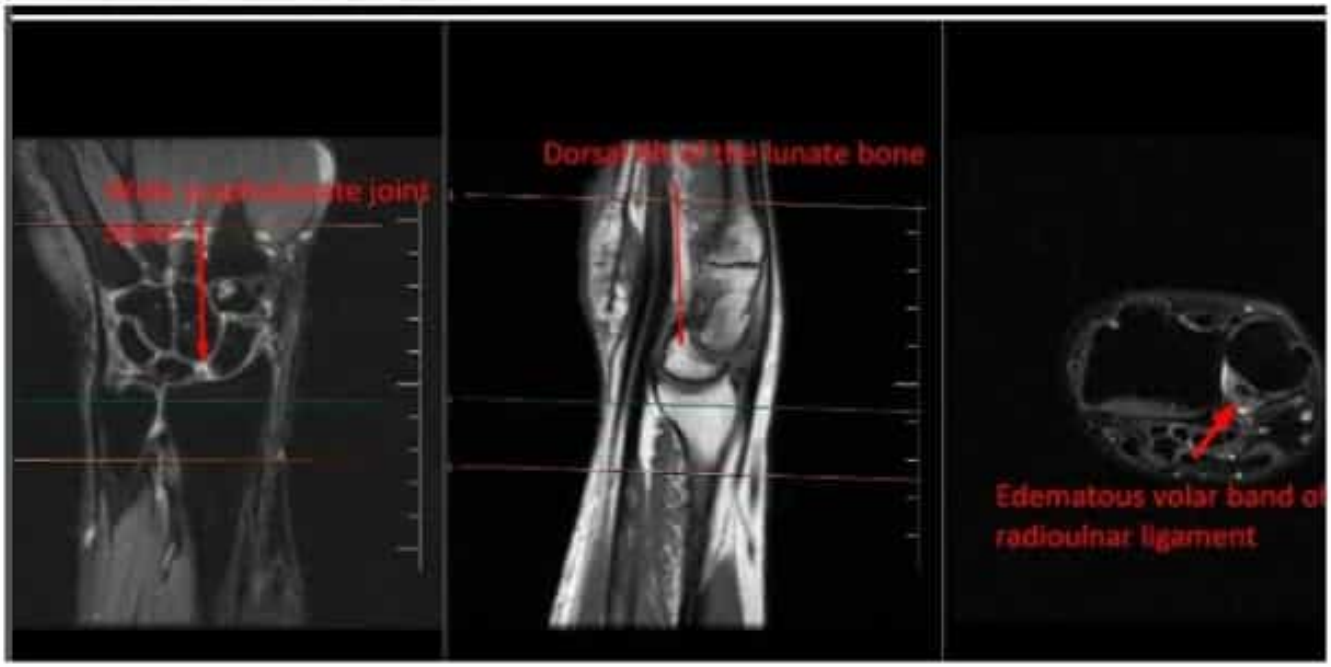
• "Scapholunate Joint Instability: marked widening of the scapholunate joint space with scapholunate ligament tear at the dorsal band".

• Dorsal tilt of the lunate bone suggestive of dorsal intercalated segmental instability (DISI)

• Focal tear of volar band of distal radioulnar ligament with widening of the posterior radioulnar joint space with small effusion.

• Small tear of triangular fibrocartilage complex ligament at the ulnar styloid attachment

Recommend clinical correlation



Grade III anterior cruciate ligament tear at femoral attachment.

Focal tear involving medial meniscotibial ligament (MTL) - suggestive of Ramp lesion (grade III)

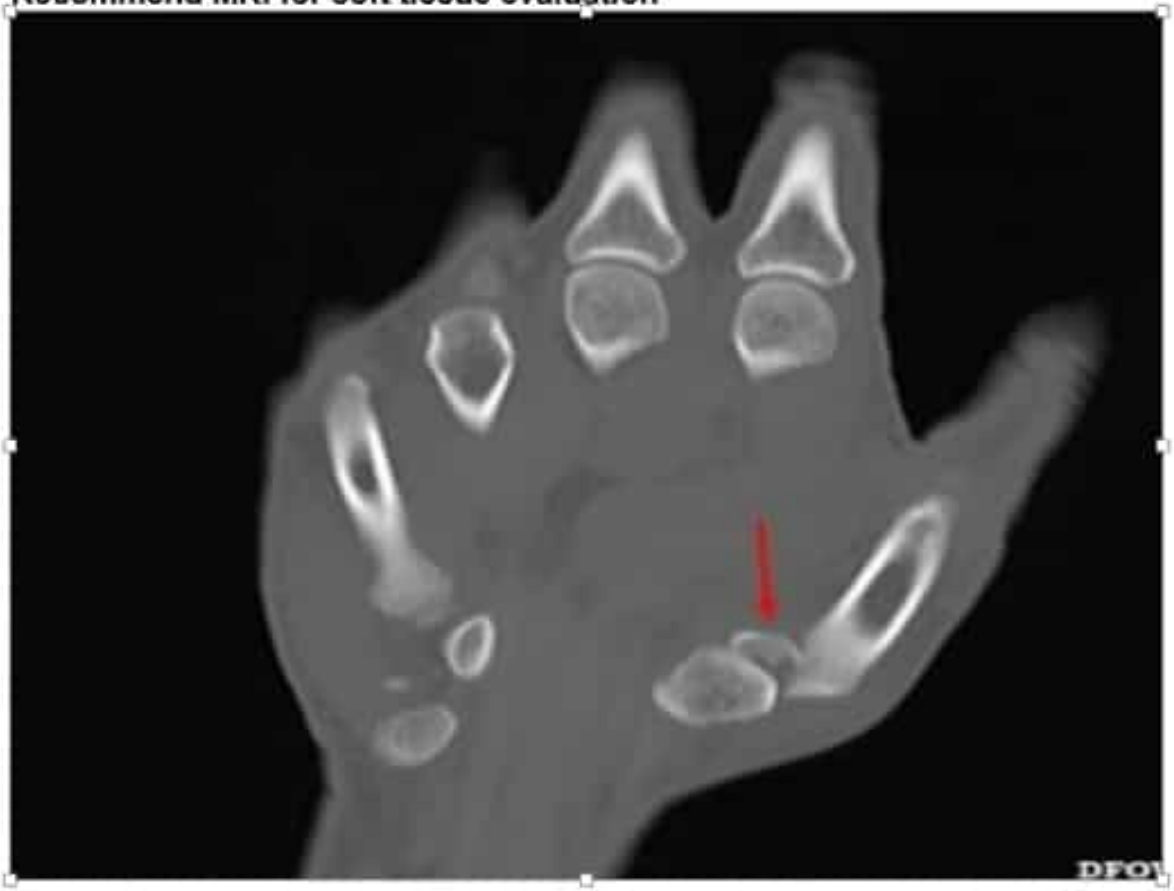
Moderate joint effusion.

Recommend clinical correlation.

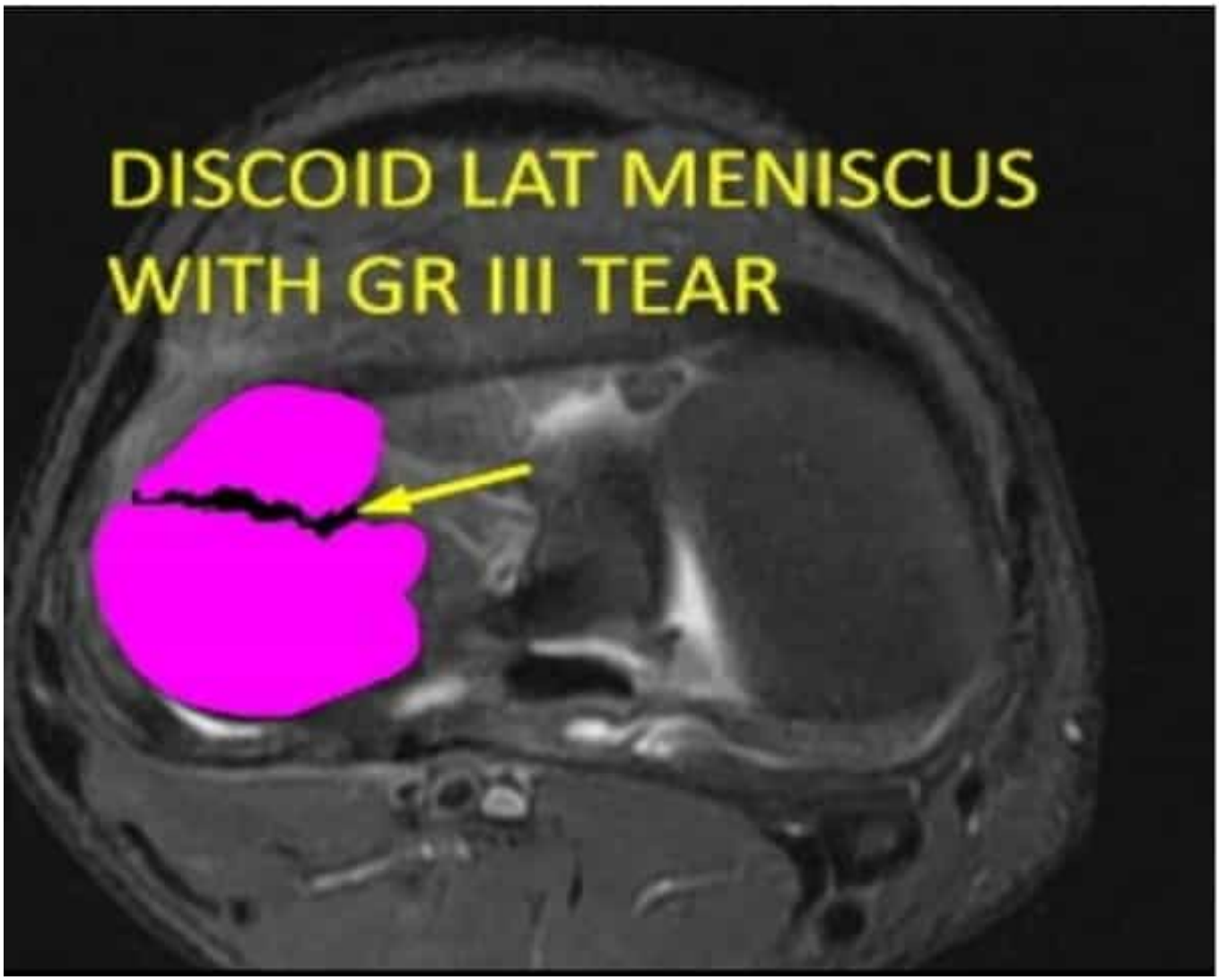


A linear fracture involving the medial cortex of base of 1st metacarpal bone communicating with trapezium-metacarpal joint (Bennett fracture).

Recommend MRI for soft tissue evaluation



Discoid lateral meniscus with grade III radial tear at the body as described above
Mild joint effusion. Recommend clinical correlation.



Full thickness partial width tear involving the superior 2/3rd of the tendon fibers with 3 cm medial retraction

Mild subscapularis muscle atrophy.

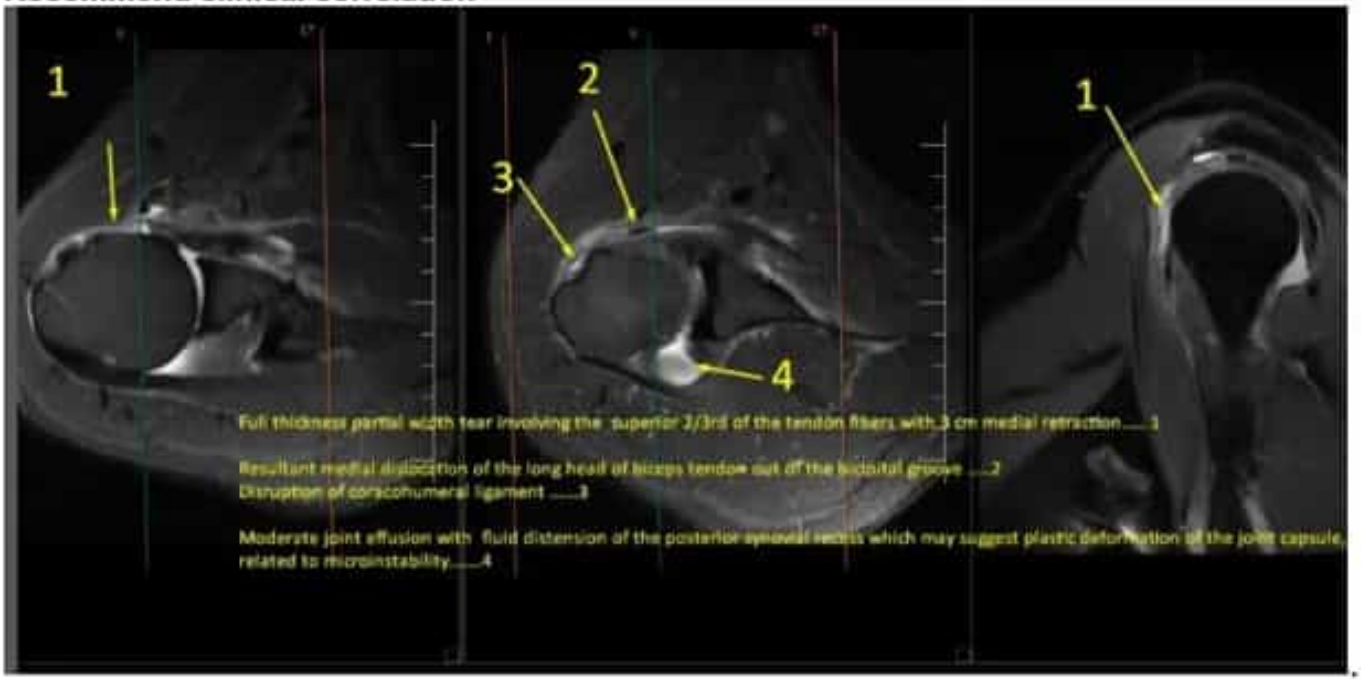
Resultant medial dislocation of the long head of biceps tendon out of the bicipital groove with fluid collection along the entire course of bicipital groove

Disruption of coracohumeral ligament

Small focal defect involving the extreme anterior fibers of supraspinatus tendon.

Moderate joint effusion with fluid distension of the posterior synovial recess which may suggest plastic deformation of the joint capsule, related to microinstability.

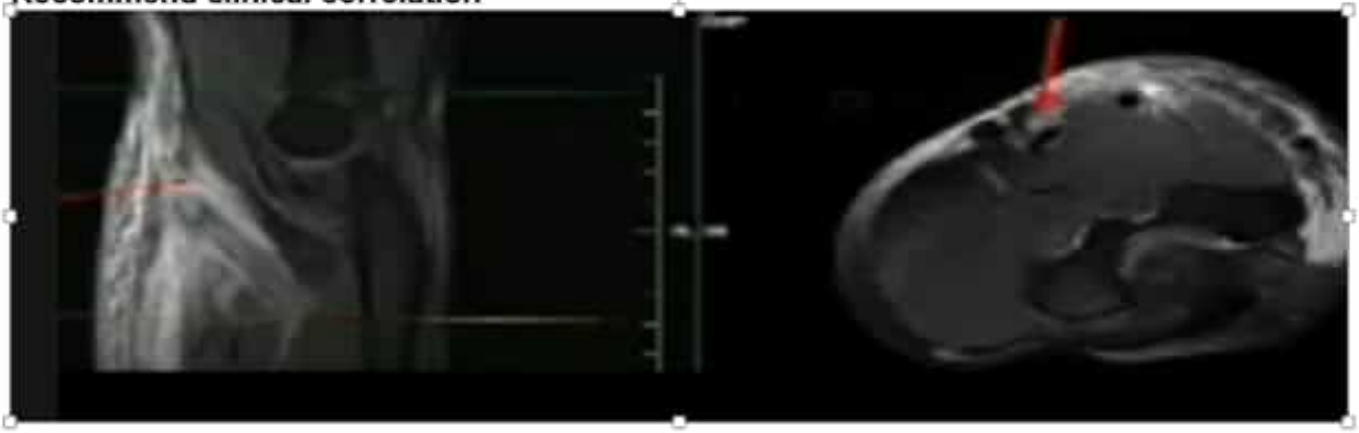
Recommend clinical correlation



Focal intrasubstance high signal intensity involving the myotendinous junction of the biceps tendon (sparing the tendon) with marked surrounding subcutaneous edema of the distal arm and proximal forearm- "represents partial thickness tear at the myotendinous junction of biceps brachii" .

Otherwise biceps tendon appears intact, demonstrates normal signal intensity up to the point of radial insertion.

Recommend clinical correlation



Small peritendinous fluid signals are noted around flexor tendons of the wrist extending from the distal forearm to carpometacarpal joint level with normal intrasubstance tendon signals – suggestive of flexor tenosynovitis

Mild thickening of the median nerve at the level of carpal tunnel with increased T2 signals and mild volar bowing of the flexor retinaculum – likely suggestive of carpal tunnel syndrome

Recommend CRP correlation, EMG – NCV correlation if i



ndicated clinically, follow up

Linear (old) well corticated fracture in the base of styloid process communicating with the articular margin.

Widened scapholunate joint space with thickened dorsal lunate ligament - "suggestive of scapholunate ligament tear with scapholunate joint instability".

Significant dorsal tilt of the lunate bone- suggestive of "dorsal intercalated segmental instability (DISI")

Focal thickening of the volar band of distal radioulnar ligament "suggestive of partial thickness tear"

Small intercarpal joint effusion with small subchondral marrow edema involving the capitate, trapezium, lunate.

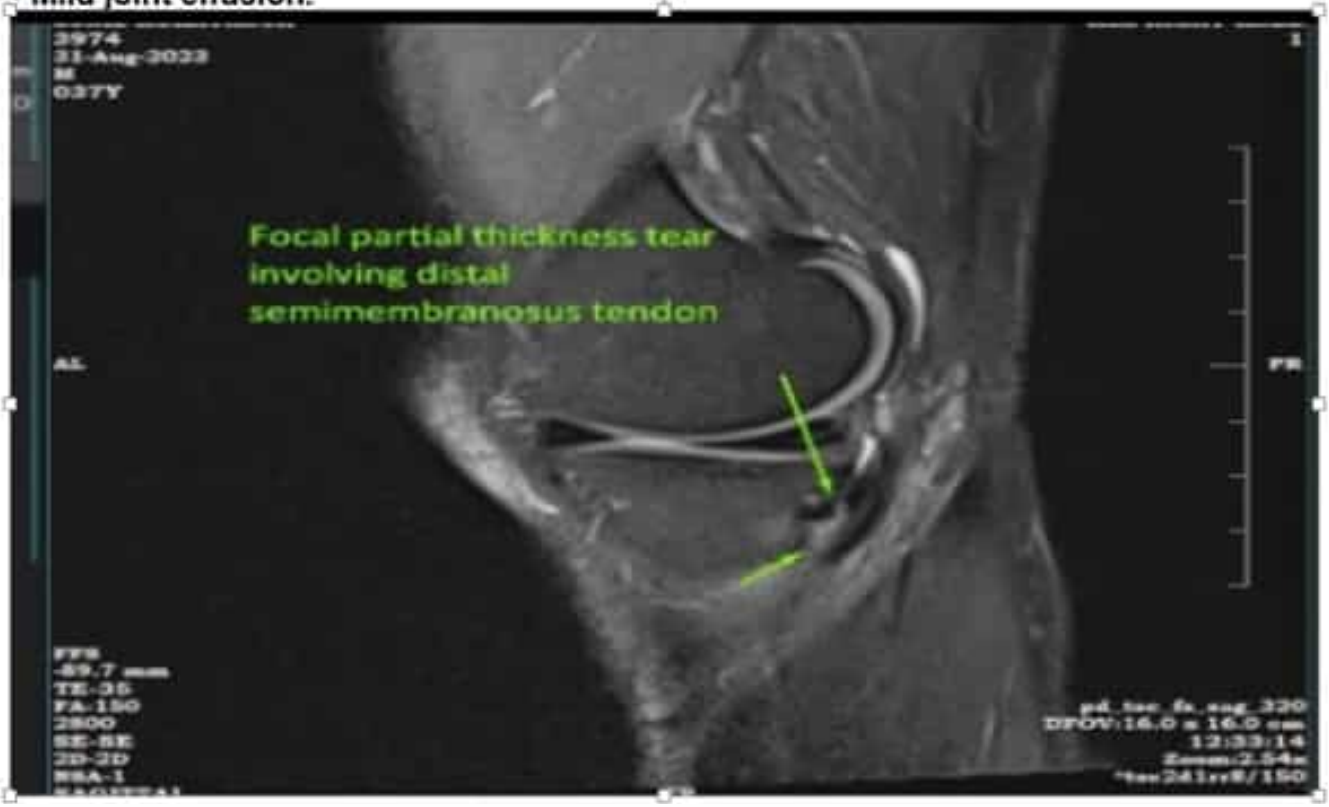
Recommend clinical correlation.



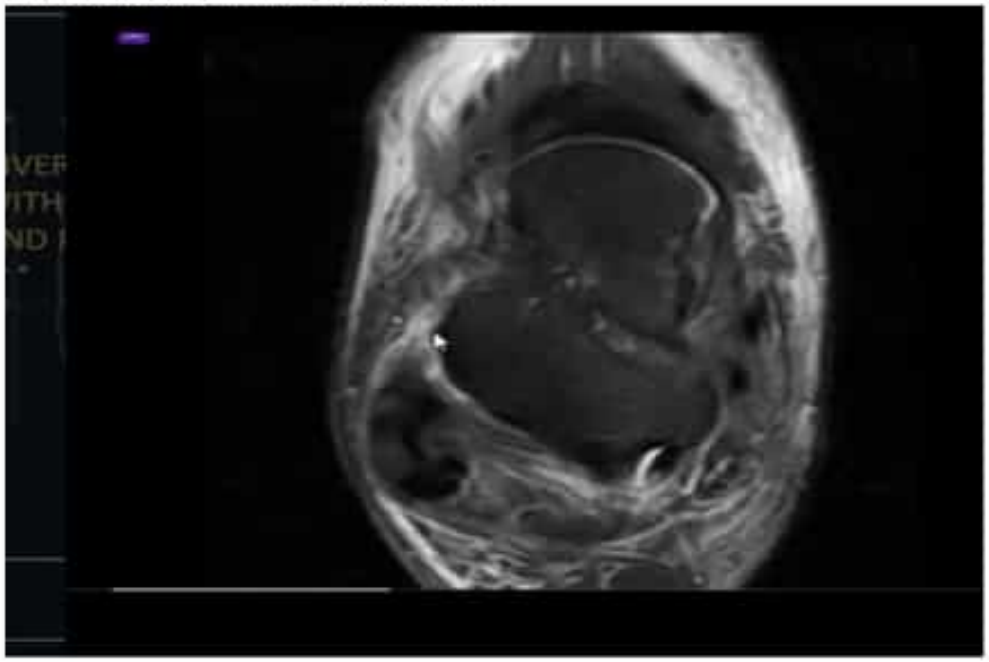
Small subchondral intraosseous ganglion cyst at posterior aspect of lateral tibial plateau
• Grade I sprain of medial collateral ligament.
] *Focal partial thickness tear involving distal semimembranosus tendon (proximal horizontal as well as distal vertical bands*).

• Minimal collection in pes anserinus bursa.

• Mild joint effusion.



Findings suggestive of anterior talofibular ligament (ATFL) tear with surrounding hematoma
Calcaneo fibular ligament injury
Small joint effusion.
Recommend clinical correlation.



'Scapholunate joint dissociation' with dorsal tilt of the lunate bone – *suggestive of dorsal intercalated segmental instability (DISI).*

Proximal recession of the capitate bone with multilevel inter-carpal osteoarthrosis – *"likely suggestive of Scapholunate advanced collapse (SLAC*)*

Deformed, scaphoid bone with patchy marrow edema at the distal aspect, likely related to old fracture

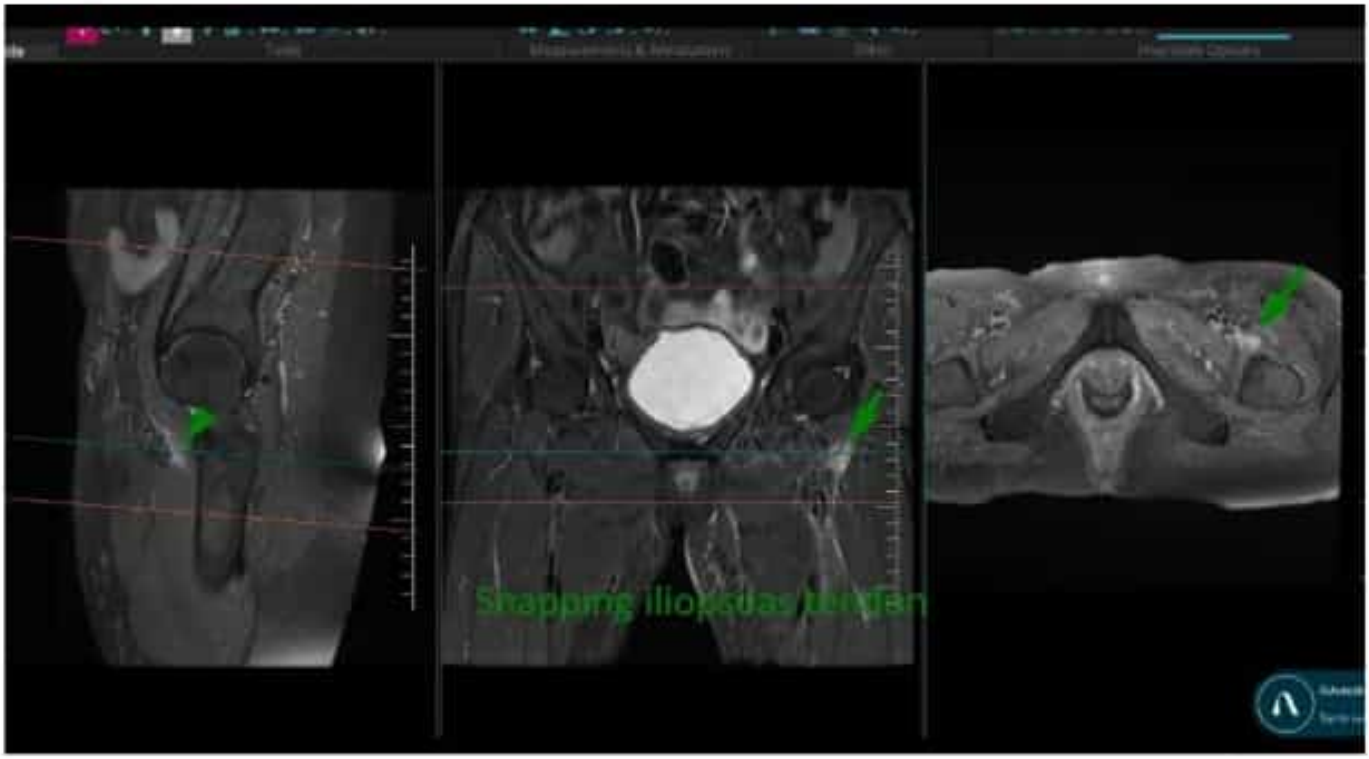
Intercarpal, wrist joint effusion with focal synovial thickening at lateral aspect



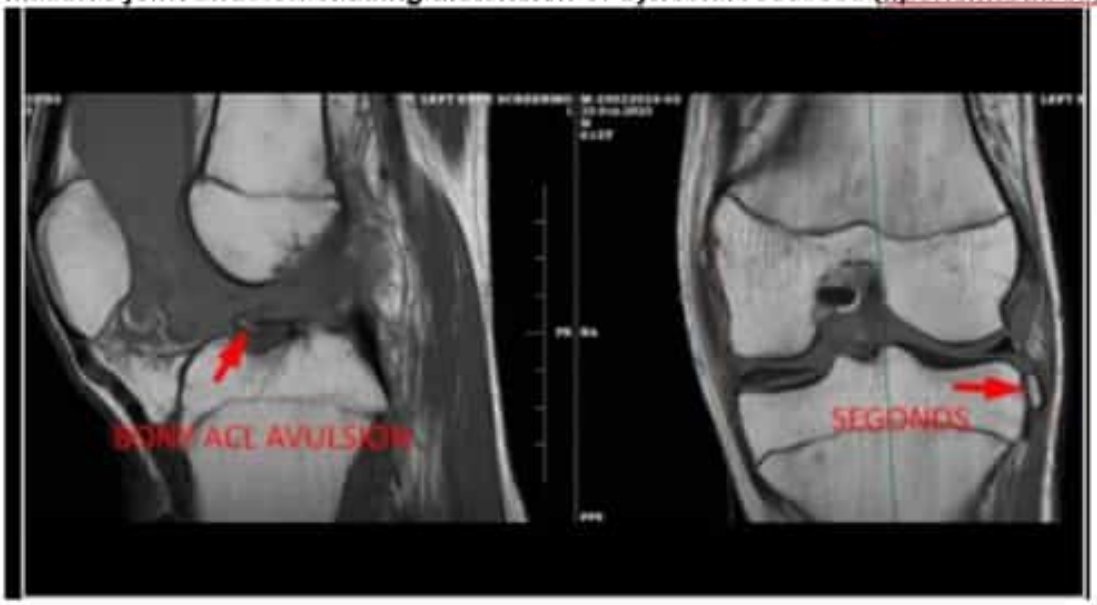
Left iliacus tendon demonstrates high STIR signal intensity at the lesser trochanter attachment – "likely suggestive of Snapping iliopsoas tendon"

Low lying pelvic floor

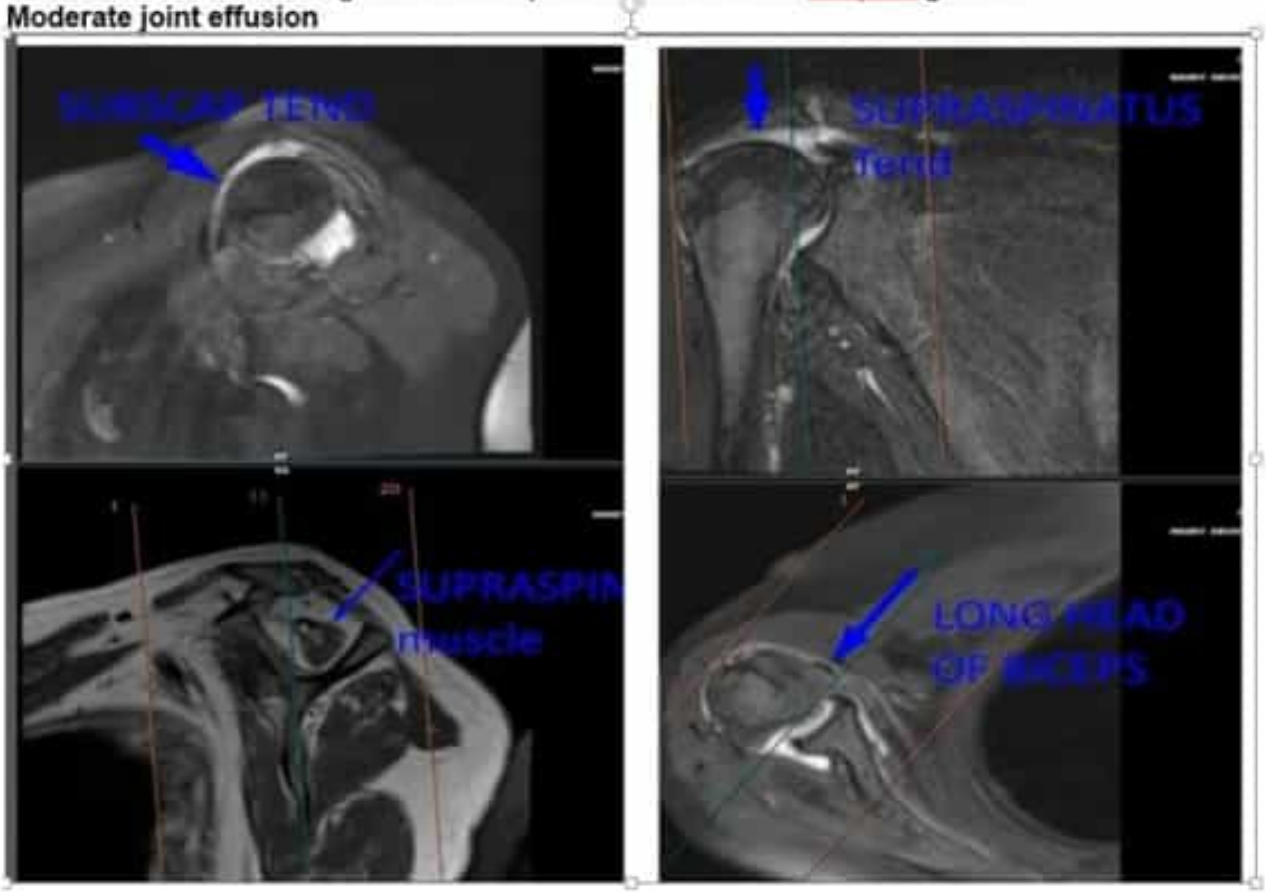
"Changes of chronic cystitis with cystocele and left hydroureter"



Status post K wire removal with linear signal changes at proximal tibia.
Small osteochondral impaction contusion / fracture at lateral femoral condyle.
Bony avulsion of anterior cruciate ligament from the tibial attachment along with 1.8 cm avulsed fracture fragment (elevated by 0.4 cm). Surrounding focal marrow contusion
A thin bone fragment at the lateral tibial plateau associated with capsular avulsion fracture `suggestive of 'Segond fracture'.
Grade II sprain of medial collateral ligament at femoral attachment
Grade II sprain of distal patellar tendon with small collection involving the infra patellar bursa.
Massive joint effusion causing distension of synovial recesses (lipohemarthrosis).



Full thickness, partial width tear involving distal supraspinatus tendon with 2.2 cm medial retraction from the level of greater trochanter.
Supraspinatus muscle atrophy (Goutallier grade III)
Full thickness, partial width with distal subscapularis tendon predominantly involving superior fibers
Medial dislocation of long head of biceps tendon out of the bicipital groove
Moderate joint effusion



Slight anterior subluxation of the knee joint.
Small patchy kissing marrow contusions involving posterior part of medial tibial plateau and medial femoral condyle

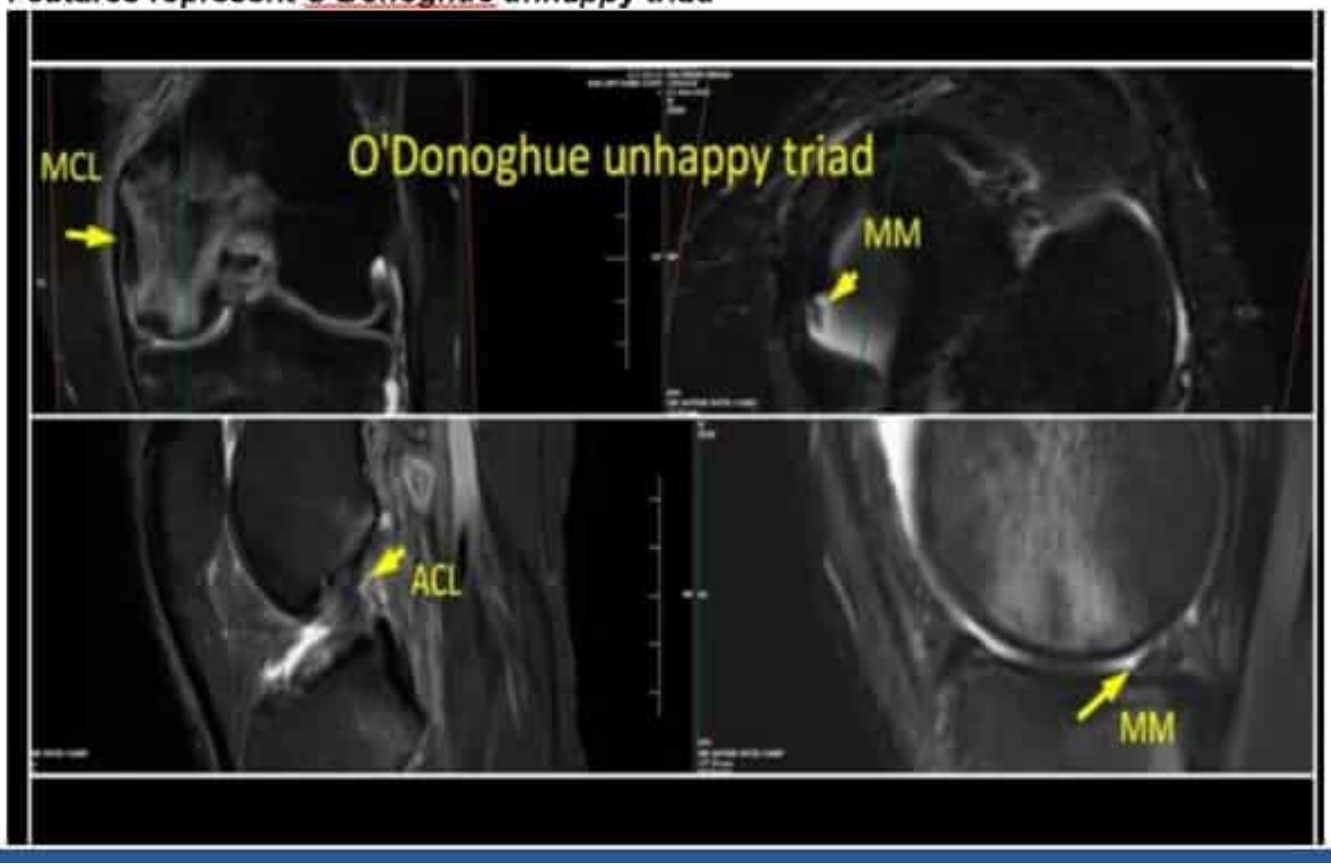
High grade tear of anterior cruciate ligament at femoral attachment

Grade II sprain of medial collateral ligament.

Findings suggestive of displaced complex grade III tear involving the body, posterior horn of medial meniscus (Bucket handle tear).

Moderate joint effusion.

Features represent *O'Donoghue unhappy triad*



Focal marrow contusion involving the lesser tuberosity of humerus.

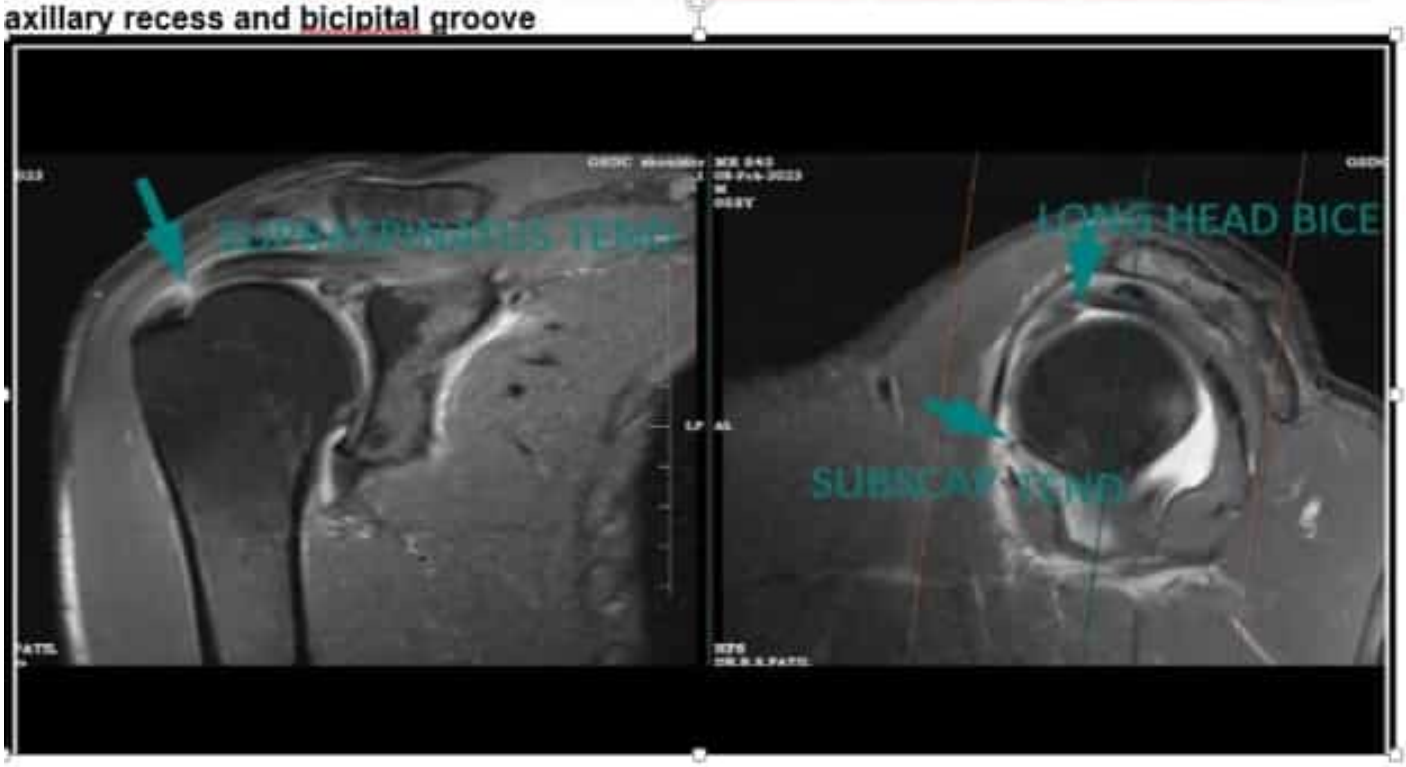
A focal full thickness partial width tear involving the distal supraspinatus tendon, 1.4 cm proximal to the point of insertion. No evidence of retraction of the tendon. No evidence of muscle wasting in this study.

Full thickness partial width tear involving the distal subscapularis tendon

Full thickness tear involving the intra-articular segment of long head of biceps tendon. (The retracted portion of long head of biceps tendon is not well evident on given images).

Sprain of anterior band of inferior gleno-humeral ligament.

Moderate joint effusion with fluid collections, subdeltoid, subacromial, subcoracoid bursa, axillary recess and bicipital groove

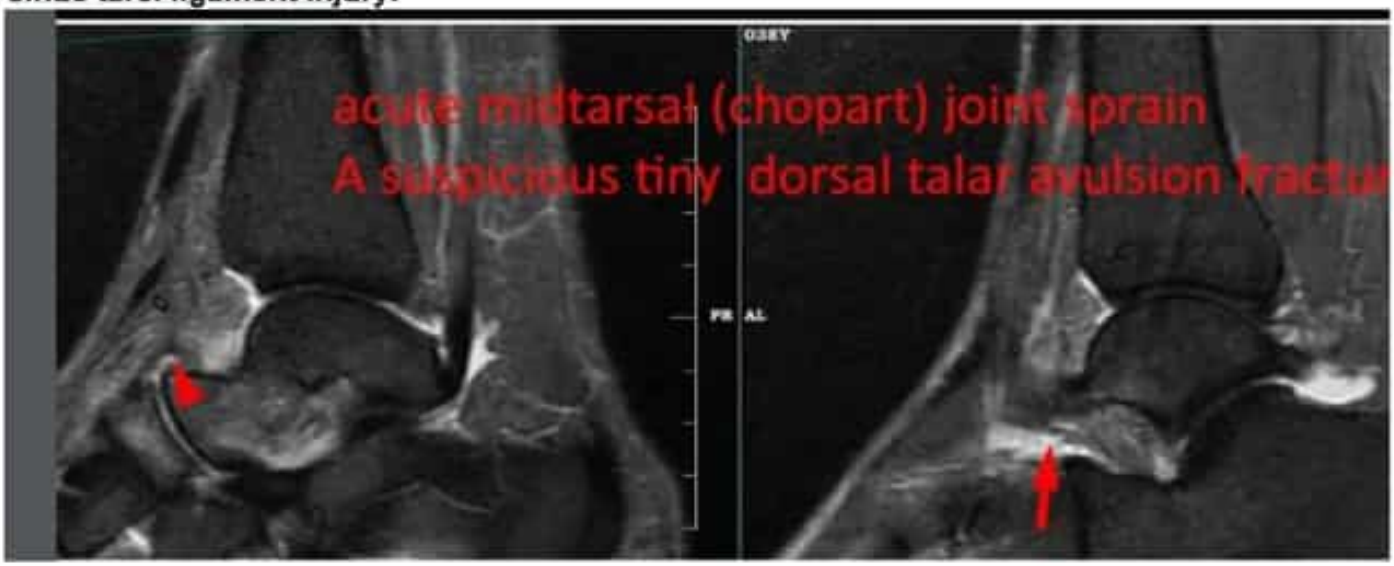


Multifocal marrow contusions involving anterior process of talus, navicular bone, cuboid bone

Slight widening of the talonavicular joint space with small effusion with tears involving calcaneo navicular component of the bifurcate ligament and talonavicular ligament as described - suggestive of acute midtarsal (chopart) joint sprain

A suspicious tiny dorsal talar avulsion fracture.

Sinus tarsi ligament injury.



Full thickness, partial width tear involving distal supraspinatus tendon with 2.4 cm medial retraction from the level of greater trochanter.

Supraspinatus muscle atrophy (Goutallier grade III).

Partial thickness tear involving distal infraspinatus tendon

Concealed interstitial delamination (CID) at the myotendinous junction of the infraspinatus tendon

A linearly oriented small T2 hyperintensity involving the superior labrum suggestive of SLAP lesion.

Moderate joint effusion with fluid collections, subdeltoid, subacromial, subcoracoid bursa and bicipital groove

Recommend clinical correlation.

