NATIONALRad
SPECIALISTS IN DIAGNOSTIC IMAGING

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PATIENT:	JOHN SMITH
DOB:	5/5/1955
FILE #:	12345
PHYSICIAN:	REFERRING
EXAM:	MRI RIGHT HAND
DATE:	1/1/2011

CLINICAL INFORMATION

Fall from a standing height onto an outstretched arm, assess for new versus old fracture, date of injury DATE, ulnar sided hand pain.

COMPARISON

None

TECHNIQUE

Coronal T2, STIR and 3-D GRE, axial T1 and STIR, sagittal T2 and STIR sequence imaging is performed through the right hand without contrast.

FINDINGS

There is an intramedullary lesion involving the fifth metacarpal. The fracture extends approximately 2.4 cm in length with bright T2 and intermediate T1 signal. There is endosteal scalloping and minimal expansion. The findings are consistent with an enchondroma. There appears be a nondisplaced pathologic fracture through the enchondroma with cortical disruption noted near the junction of the middle and distal thirds of the fifth metacarpal shaft with minimal adjacent periostitis.

Mild tenosynovitis of the fourth and fifth flexor tendon sheaths. The flexor and extensor tendons are otherwise normal.

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The osseous structures of the right hand are otherwise normal. The musculature of the right hand is normal.

IMPRESSION

1. There is an intramedullary lesion of the fifth metacarpal shaft measuring approximately 2.4 cm in length. The appearance is most typical of an enchondroma and radiographic correlation is advised.

2. There is a nondisplaced transverse fracture involving the fifth metacarpal near the junction of the middle and distal thirds of the metacarpal shaft with minimal adjacent periostitis representing a pathologic fracture. There is adjacent soft tissue edema and this appears to represent an acute injury.

3. Minimal tenosynovitis fourth and fifth digit flexor tendon sheaths.

[NationalRad Musculoskeletal Radiologist]
Board Certified Radiologist

THIS REPORT WAS ELECTRONICALLY SIGNED

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