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Patient Details: GLASGOW, Mrs Sharon

DOB: 02/06/1976 Gender: F

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Acc No: 64.1176317 UR Number:

ID: 64.246017

Report To:

DR S MATTHEWS

13 Gormly Avenue WAGGA WAGGA NSW 2650

COPIES TO:

Dr Jeyadinesh Velautham

Exam Date:

Monday, 13 March 2023 Wagga Wagga

Site:

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## **MRI RIGHT ANKLE**

## **Clinical Notes:**

Likely extensor tenosynovitis with also pain Achilles musculotendinous junction and possible perineural tendons.

Findings:

Trace volume ankle joint effusion posteriorly. The articular cartilage of the tibial plafond and talar dome is well maintained. The subtalar joint and calcaneocuboid joint are unremarkable. Minor dorsal capsule scarring at the talonavicular joint with trace effusion seen medially. Bony prominence at the dorsal aspect of the medial cuneiform, likely in keeping with previous injury to the naviculocuneiform joint. Mild degenerative change of the first and third tarsometatarsal joints. The bifurcate and Lisfranc ligamentum complexes are intact.

The AITFL is intact. The ATFL is intact but scarred, with underlying bony change at the fibular attachment. The CFL is intact. Marked tendinosis of peroneus brevis with associated longitudinal split tear, centred at the tip of the lateral malleolus, extending over approximately 3cm. Mild tendinosis of the peroneus longus tendon. Small volume associated sheath fluid, with moderate thickening and oedema of the overlying peroneal tendon sheath.

The MCL and spring ligaments are intact. The flexor tendons are intact.

Mild oedema within the subcutaneous tissues overlying the extensor tendons. The underlying extensor tendons are intact without evidence of tenderness or discrete tear. The extensor retinaculum is intact.

No significant tear or tendinosis appreciated within the Achilles. Mild plantar fascitis involving the medial band of the plantar fascia. No discrete tear or calcaneal spur.

## Conclusion:

1. Marked tendinosis of the peroneus brevis with associated longitudinal split tear. Mild tendinosis of peroneus longus.

2. Mild medial band plantar fascitis.

3. No significant tear or tendinosis of the Achilles tendon.

4. The extensor tendons are intact and unremarkable without evidence of tenosynovitis.

Co-reported with: Dr Mark Rassie

Electronically signed by: Dr Lauren Simionato at 2:36 PM Tue, 14 Mar 2023

Radiographer/Sonographer: cpoulet

Page 1 of 2



Overread by: Dr Mark Rassie at 4:52 PM Tue, 14 Mar 2023