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

CLINICAL INFORMATION

Evaluate persistent right elbow pain. Status post fall.

COMPARISON

None

CONTRAST

None utilized.

TECHNIQUE

Axial T2 axial T1 and coronal T1 axial T1 coronal STIR coronal gradient echo sagittal STIR

FINDINGS

FLUID: There is a moderate elbow effusion. There is no osteochondral defect of the capitellum. There is no intraarticular loose fragment or body.

CARTILAGE: Intact.

LIGAMENTS
Medial: Mild thickening and increased signal could reflect a low-grade ligamentous sprain or this may be degenerative in origin.
Lateral: There is mild proximal thickening as well as increased signal of the lateral ulnar collateral ligament. This could reflect a low-grade ligamentous injury or may also be of a degenerative origin.

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TENDONS:
Common extensor origin: There is common extensor tendinosis of a mild degree.
Common flexor origin: Intact.
Anterior: (biceps, brachialis, supinator): No evidence of tendinosis or rupture.
Posterior: (triceps, anconeus): Mild distal triceps tendinosis and peritendinous edema.

NERVES:
Ulnar nerve, cubital tunnel: Mild enlargement and increased signal. No compressive mass.
Radial, median nerve: Intact.

MUSCULATURE: Intact.

BONE MARROW: Evidence of a fracture of the radial head. There is a nondisplaced vertical fracture line in the mid aspect of the radial head with associated marrow edema anteriorly. There is minimal depression of the articular surface anteriorly.

IMPRESSION

1. Moderate elbow effusion.

2. Evidence of a fracture of the radial head. There is a nondisplaced vertical fracture line in the mid aspect of the radial head with associated marrow edema anteriorly. There is minimal depression of the articular surface anteriorly.

3. Low-grade ligamentous sprains of the medial collateral ligament and lateral ulnar collateral ligament proximally or these alterations could be degenerative in origin.

4. Mild tendinosis of the common extensor tendon origin.

5. Mild distal triceps tendinosis and peritendinous edema.

[NationalRad Musculoskeletal Radiologist]
Board Certified Radiologist

THIS REPORT WAS ELECTRONICALLY SIGNED

Sample Report

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