CLINICAL INFORMATION

Assess right wrist pain. Pain is diffuse. Status post fracture of the distal radius status post fall.

COMPARISON

None available.

CONTRAST

None utilized.

TECHNIQUE

Sagittal T1, sagittal STIR, coronal PD, coronal PD fat-sat, coronal 2-D gradient echo, axial PD fat-sat.

FINDINGS

FLUID: Moderate amount of fluid in the radiocarpal and midcarpal wrist compartments.

JOINT ALIGNMENT: Mild dorsal angulation of the distal radius reflective of the fracture.

CARTILAGE: Intact chondral surfaces.

LIGAMENTS

TFCC: Intact central and radial portions. There is edema in the peripheral attachments of the TFCC to the ulnar styloid process.
Scapholunate (SL): Evidence of edema in the central and volar aspect of the ligament. Edema extends into the volar radiocarpal ligaments. The pattern is reflective of a volar injury and partial-thickness tear in this region. There is no complete tear. There is no DISI deformity.
Lunotriquetral (LT): No evidence of a tear.

EXTENSOR TENDONS: Moderate extensor carpi ulnaris tendinosis. There is fluid reflective of tenosynovitis in the second and third extensor compartments as well along the region of the extensor digitorum tendons.

CARPAL TUNNEL: No compressive mass within the carpal tunnel.

GUYON'S CANAL: No compressive mass.

BONE MARROW: Evidence of an occult fracture of the distal radius. There is a transverse fracture line with associated prominent edema. There is mild dorsal angulation.

IMPRESSION

1. Evidence of edema in the central as well as the volar aspect of the scapholunate ligament. Edema extends into the volar radiocarpal ligaments. The pattern is reflective of a volar injury and partial-thickness tear in this region. There is no complete tear. There is no DISI deformity

2. Evidence of an occult fracture of the distal radius. There is a transverse fracture line with associated edema. There is mild dorsal angulation.

3. Moderate extensor carpi ulnaris tendinosis. There is fluid reflective of tenosynovitis in the second and third extensor compartments as well along the region of the extensor digitorum tendons.

[NationalRad Musculoskeletal Radiologist]
Board Certified Radiologist

THIS REPORT WAS ELECTRONICALLY SIGNED