J. SMITH
3302 Main Street
Somewhere, USA 01234

PATIENT:	J. SMITH
DOB:	02/20/1930
FILE #:	0123456
PHYSICIAN:	REFERRING
EXAM:	MRI OF THE RIGHT ANKLE
DATE:	05/14/2005

CLINICAL INDICATION:

Posterior tibial tendon rupture with pain.

TECHNIQUE:

Sagittal T1-weighted and STIR images. Axial STIR, proton-density and T2-weighted FSE images. Coronal proton-density fat sat FSE images.

FINDINGS:

The posterior tibial tendon is diffusely abnormal from 3 cm proximal to the ankle joint to the distal insertion on to the navicular. Just proximal to the ankle joint there is a large partial tear in the anterior surface with surrounding tenosynovitis. Abnormal significant intensity extends distally in the tendon to the insertion. There is associated bone marrow edema in the posterior aspect of the medial malleolus. A small amount of fluid is seen around the flexor hallucis longus and flexor digitorum longus without evidence of tear. The peroneal and anterior tendons about the ankle are intact.

The ankle ligaments are normally visualized. The ankle and subtalar joints are intact without evidence of osteochondral lesion or significant joint effusion. There is partial obscuration of the sinus tarsi by intermediate signal intensity material with adjacent reactive changes in the anterior process of the calcaneus.

The Achilles tendon and plantar fascia are intact. A small heel spur is seen. There is medial soft tissue swelling in the heel pad. The talonavicular and calcaneocuboid joints are intact. There are no midfoot bone marrow abnormalities. The tarsometatarsal joints are intact.

IMPRESSION:

1. EXTENSIVE PARTIAL TEAR OF THE POSTERIOR TIBIAL TENDON WITH ASSOCIATED TENOSYNOVITIS AND BONE MARROW EDEMA IN THE POSTERIOR ASPECT OF THE MEDIAL MALLEOLUS.
2. PARTIAL OBSCURATION OF THE FAT IN THE SINUS TARSI WITH ASSOCIATED REACTIVE CHANGES IN THE ANTERIOR PROCESS OF THE CALCANEUS.
3. SMALL CALCANEAL PLANTAR HEEL SPUR WITH A MILD SOFT TISSUE SWELLING IN THE MEDIAL ASPECT OF THE HEEL PAD.

THIS REPORT WAS ELECTRONICALLY SIGNED

Larry Burk, M.D.
LB/Q9