

Laterally, the intact anterior talofibular ligament is minimally thickened suggestive of a low-grade chronic sprain. The calcaneofibular ligament is intact. The posterior talofibular ligament is intact. There is mild tenosynovitis of the peroneal tendons at the level of retrocalcaneolar groove without significant tendinosis or tear. Medially, there is mild tenosynovitis of posterior tibial and flexor hallucis longus tendons without significant tendinosis or tear. There is heterogeneity of the intact the deltoid ligaments just above low-grade chronic sprain. The superficial deltoid ligament is intact. The superomedial spring ligament is thickened and heterogeneous, but intact. The anterior and posterior distal syndesmoic ligaments are intact. The extensor tendons show no significant abnormality. The Lisfranc ligament is intact. The distal Achilles tendon shows no abnormality. There is mild to moderate thickening and heterogeneity of the plantar fascia origin. Mild reactive

FINDINGS:

COMPARISON: None available

TECHNIQUE: Noncontrast MRI of the ankle was performed including axial, sagittal oblique, and coronal oblique fat-suppressed and nonfat suppressed spin echo sequences on a 3 Tesla imager.

CLINICAL HISTORY: Chronic ankle instability. Twisting injury 6 months prior. Lateral pain.

**MRI LOWER EXTREMITY JOINT WITHOUT CONTRAST
RIGHT ANKLE MRI WITHOUT CONTRAST**

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edema is seen in the subjacent calcaneus. The findings are compatible with mild to moderate active plantar fasciitis without high-grade tear or rupture.

The talar dome is intact and there is no deep chondral or osteochondral defect. There is a small tibiotalar effusion. The posterior and middle subtalar joints are intact. There is trace posterior subtalar effusion. The sinus Tarsi shows no specific abnormality. The midfoot bones are congruent and intact. There is normal vascularity at the angle of Gissane of the calcaneus. There are scattered bone islands throughout the distal tibia. Marrow signal is otherwise maintained. There is nonspecific bimalleolar subcutaneous edema.

IMPRESSION:

1. Low-grade chronic sprains of the intact anterior talofibular and deep deltoid ligaments.
2. Mild tenosynovitis of peroneal tendons in the retromalleolar groove. Mild tenosynovitis of posterior tibial and flexor hallucis longus tendons. No significant tendinosis or high-grade tendon tear.
3. Mild to moderate active plantar fasciitis without tear.
4. Small nonspecific tibiotalar effusion. No evidence of osteochondral defect.

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