Patient Name	MORRISON, RAYMOND	**Accession**	10451970Z1
Patient D.O.B.	19/08/1985	**Description**	MRI ANKLE - RIGHT (63331)
Patient ID	SKG2187578	**Study Date/Time**	30/03/2022 18:03
Referring Physician	KINGWELL, DOUGLAS	**Modality**	MR,PR

Dear Doug,

MRI RIGHT ANKLE

Clinical History: Evaluate syndesmotic injury.
Date of injury 24/02.

Technique: A routine series has been performed and reference is made to previous plain radiographs, CT and ultrasound.

Findings: Alignment is normal on this non weight bearing modality.

There is a complete tear of the AITFL which is replaced by amorphous granulation/scar tissue. The PITFL is intact. There is bone bruising along the posterolateral aspect of the distal tibial plafond underlying the PITFL attachment. The talar dome is intact. No underlying ankle joint arthropathy.

There is some thickening of the most superior fibres of the ATFL in keeping with sprain. The CFL and PTFL are intact.
The deltoid ligament complex is intact.

The peroneus longus is intact. The brevis is hyperintense and poorly defined. Just beneath the tip of the lateral malleolus extending down to the level of the peroneal tubercle distal to this it appears unremarkable. The longus is intact.

The posteromedial and anterior ankle tendons are preserved. The sinus tarsi is unremarkable. The anterior process of the calcaneus is intact. Visualised mid foot joints normal. There is extensive subcutaneous oedema around the ankle and a patchy distribution of subcortical high T2 signal change around the ankle joint and hind foot which is typical of disuse osteopenia.

There is mild distal Achilles tendinopathy with some high T2 linear striation but no macroscopic tear. The plantar fascia is intact. The visualised intrinsic muscles of the foot appear normal.

Comment

There is a complete but undisplaced tear of the AITFL. I note that none of the modalities have demonstrated widening of the syndesmosis.
Intact talar dome with bone bruising at the distal tibial plafond.

ATFL sprain and abnormal peroneus brevis consistent either with a contusion or pre-existing tendinopathy.

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Key images saved to PACS.

Thank you for your referral.
Yours sincerely,

Dr Nick Wambeek - SKG Radiology