



Chandan Diagnostic Centre

Add: 455/6, HG Complex, Kanchanpur, Chitapur, Varanasi-221005

Ph: 05424019523

CIN: U85110UP2003PLC193493

Patient Name	: Mr.VINOD CHAUDHARY	Registered On	: 11/Aug/2025 11:30:34
Age/Gender	: 45 Y O M O D /M	Collected	: 11/Aug/2025 15:12:06
UHID/MR NO	: CVA1.0000011678	Received	: 11/Aug/2025 15:12:06
Visit ID	: CVA10040722526	Reported	: 11/Aug/2025 17:04:00
Ref Doctor	: Dr.Kavya hospital -	Status	: Final Report

DEPARTMENT OF MRI

MRI ANKLE JOINT SINGLE

Clinical history : 45-year-old male with ankle pain. History of twisting injury 1 year back.

SEQUENCES EMPLOYED:

T1W/ T2W axial, coronal and sagittal

FAT SUPPRESSED T2W sagittal, coronal and axial

PRESENT STUDY REVEALS :-

Distal end of tibia along anterior aspect shows area of altered signal intensity which is hypointense on T1, T2, STIR sequence, measuring approximately 8.1 x 5.4 x 7.2 mm (AP x TR x CC). Another similar signal intensity area measuring approximately 3.9 x 4.0 x 3.2 mm is seen along talar dome region.

Visualised parts of rest of the distal right tibia and fibula are otherwise normal in morphology and signals.

The right talus, calcaneum, navicular and other visualized bones are otherwise normal in morphology and signals.

Articular surfaces of distal right tibia and fibula are normal in morphology and signals.

All the right ankle joint spaces are maintained.

Mild free fluid is seen in the ankle joint.

The anterior & posterior talo-fibular ligament and the deltoid ligaments are normal.

The tendons of the anterior group, viz, tibialis anterior, extensor hallucis longus and extensor digitorum longus are normal.

Achilles tendon adjacent to its insertion site shows abrupt thinning in volume with presence of T2-STIR hyperintense free fluid in the Kager's fat pad and the retrocalcaneal bursa.

Medial group of tendons viz tibialis posterior, flexor digitorum longus and flexor hallucis longus are normal.

The lateral group of tendons viz, peroneus longus and peroneus brevis are normal.

The posterior group of tendons viz, plantaris is normal in morphology and signals.

Sinus tarsi and its components are normal.

Tarsal tunnel appears normal.

The neurovascular bundles are normal.

Soft tissue around the right ankle joint is normal.

Small calcaneal spur is also noted.

CONCLUSIONS:

- Area of altered signal intensity in the anterior distal tibia and talar dome, hypointense on T1, T2, STIR, likely representing chronic bone infarcts.

- Mild ankle joint effusion.

- Abrupt thinning of Achilles tendon adjacent to its insertion with surrounding T2-STIR hyperintense free fluid in the



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DEPARTMENT OF MRI

Kager's fat pad suggesting achilles tendinopathy and retrocalcaneal bursitis.

- Small calcaneal spur.

Findings are suggestive of chronic post-traumatic changes with mild joint effusion and associated tendinopathy/bursitis.

Please correlate clinically.

Disclaimer : The science of radiological diagnosis is based on the interpretation of various shadows produced by normal and abnormal tissues and is not absolute. This is a professional opinion based on imaging findings and not the diagnosis. Further clinical, pathological & radiological investigations may be required to enable the clinician to reach the final diagnosis. In case of any clinical or other discrepancy, please contact the radiology department. Not valid for medico-legal purpose.

*** End Of Report ***



Dr.Saurabh Pandey MD(Radiodiganosis)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.



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