

# Attachment #4 – Sample MRI report

## CONTRACTORNAME

Contractor Address  
Contractor Phone/fax

**Patient Name:**  
**DOB:**  
**Accession No:**  
**Med. Rec. No:**  
**Ordering Dr:**  
**Patient Phone:**

**Sex:**  
**Pt. Class:**  
**Ordering No:**  
**Pt NS/Room:**  
**Attending Dr:**  
**Visit Number:**

\*\*\*Final Report\*\*\*

DATE OF EXAM:

MRI ANKLE-RIGHT (Acc#:        ):

EXAMINATION: MRI FOOT WITHOUT CONTRAST – RIGHT

CLINICAL INDICATION: 53-year-old male with ankle pain status post injury. Patient is unable to bear weight and is currently using crutches. Evaluate for ligamentous disruption.

COMPARISON: None available

TECHNIQUE: 1.5 Tesla MRI. Routine MRI of the right ankle. Standard protocol without contrast.

FINDINGS:

EXAMINATION: MRI ANKLE WITHOUT CONTRAST – RIGHT

CLINICAL INDICATION: Injury October 2020 and 11/13/2020. Reportedly non-weightbearing. Evaluate for ligament tear.

COMPARISON: None available.

TECHNIQUE: 1.5 Tesla MRI. Non-contrast MRI. Sagittal and coronal planes were scanned in oblique orientations. NONE USED.

FINDINGS:

LIGAMENTS: There is edema along the distal tibiofibular interosseous membrane. The anterior and posterior inferior tibiofibular syndesmotric ligaments are intact.

Lateral, deltoid, platar spring, and Lisfranc ligaments are intact.

TENDONS: Achilles, peroneal, flexor, and extensor tendons are intact. No tendinopathy or tenosynovitis.

MUSCLES: There is edema in the flexor hallucis longus muscle and the distal leg, including along its origin at the interosseous membrane and fibula. No high-grade or retracted muscle tear. No fatty infiltration or atrophy of the muscles.

DOCTOR NAME  
ADDRESS

Transcriptionist: insert date and time}

## Attachment #4 – Sample MRI report (Continued)

### CONTRACTOR NAME

Contractor Address  
Contractor Phone/fax

**Patient Name:**  
**DOB:**  
**Accession No:**  
**Med. Rec. No:**  
**Ordering Dr:**  
**Patient Phone:**

**Sex:**  
**Pt. Class:**  
**Ordering No:**  
**Pt NS/Room:**  
**Attending Dr:**  
**Visit Number:**

#### JOINT/BONES:

There is moderate marrow edema in the anterior/lateral aspect of the distal tibia, which likely represents contusion. No evidence of syndesmotic avulsion injury.

There is a partially visualized nondisplaced cortical fracture through the anterior/medial aspect of the distal tibial metadiaphysis (axial PD images 35-31). There is adjacent periosteal reaction. The proximal extent of the fractures not imaged. There is moderate marrow edema in this location.

No evidence of significant osteochondral lesion. No significant tibiotalar or subtalar joint effusion.

No evidence of coalition.

#### OTHER:

Plantar Fascia: Intact. No evidence of fasciitis or tear.

Sinus Tarsi: Normal.

Tarsal Tunnel: Posterior tibial neurovascular bundle is unremarkable. No mass, cyst, or other space occupying lesion.

Subcutaneous tissue: No edema.

#### IMPRESSION:

Non-displaced fracture of the medial cortex of the distal tibial metadiaphysis. The proximal extent of the fracture is not imaged. There is adjacent periosteal and marrow edema. This could be correlated with CT of the rest of the tibia/fibula or radiographs to assess proximal ligaments are intact.

The findings were discussed with {insert facility medical professional} at –{insert correctional facility name}– on 12/15/2020 2:20 PM by {insert Contractor doctor name and title}.

Signed by {insert Contractor doctor name, date and time}

**Read by:**

**Report reviewed by:**

**Exams personally reviewed and agree with interpretation:**

DOCTOR NAME  
ADDRESS

Transcriptionist: {insert date and time}

**Attachment #4 – Sample MRI report (Continued)**

**CONTRACTOR NAME**

Contractor Address

Contractor Phone/fax

**Patient Name:**

**DOB:**

**Accession No:**

**Med. Rec. No:**

**Ordering Dr:**

**Patient Phone:**

**Sex:**

**Pt. Class:**

**Ordering No:**

**Pt NS/Room:**

**Attending Dr:**

**Visit Number:**

**Report reviewed and signed by: {insert reviewers name and title}**

**Signed on: [insert date and time]**