CLINICAL DATA
Pain

TECHNIQUE:
MRI of the wrist was performed with multiplanar imaging and multi-weighted sequences. The study was performed with the following sequences: Sagittal T2, sagittal T1, Coronal T1, Coronal T2, axial T2 and axial T1 and IR sequences. Site of pain was marked by vitamin capsule.

FINDINGS:
The alignment of the different structures of the wrist is well preserved. There is no evidence of instability, there is no evidence of dislocation. The bone marrow signal of the different bony structures is normal. No abnormalities are identified to the bone marrow. There is no evidence of microtrabecular lesion, hemorrhage, bony bruise, cortical disruption or fracture.

The distal radius, ulna and the carpal bones shown normal alignment. Marrow signal is unremarkable in the distal radius and ulna, throughout the carpals and proximal metacarpals.

The radial or ulnar attachment of the triangular fibrocartilage is normal. Scapholunate ligament is unremarkable. Radial and ulnar collateral ligament are normal. There is no abnormal positive or negative ulnar variance.

Carpal alignment is normal. Dorsal or ventral intercarpal ligaments are unremarkable.

Flexor tendons within the carpal tunnel are normal. Extensor tendons are normal.

There are no pathological cysts or soft tissue masses or joint effusion.

Muscles, tendons and neurovascular structures are unremarkable

IMPRESSION:
1. The alignment of the different structures of the wrist is well preserved. There is no evidence of instability, there is no evidence of dislocation.

2. No abnormalities are identified to the bone marrow. There is no evidence of microtrabecular lesion, hemorrhage, bony bruise, cortical disruption or fracture.

3. No abnormality is identified to triangular fibrocartilage and scapholunate ligament. Radial and ulnar collateral ligament are normal.

4. No other abnormality is identified to the soft tissues, muscles and neurovascular bundles.