

**PATIENT NAME:**  
**DATE OF EXAM:**  
**DATE OF BIRTH:**  
**REF. PHYSICIAN:**  
**EXAM: MRI OF THE WRIST**

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CLINICAL HISTORY:

FINDINGS:

Scan degraded by artifacts from patient motion.

Diffuse reduction in the radiocarpal and intercarpal joint spaces is seen with T1 intermediate/ T2 hyperintense signals in the synovial space- probably representing pannus (Contrast enhanced scan could be beneficial for demonstrating enhancement of the pannus)

Multiple cortical erosions are seen at the radiocarpal, intercarpal and carpometacarpal articular surfaces.

Diffuse osteopenia is seen with all the bones demonstrating relative T1/T2 hyperintense signals. Subcortical cysts (geodes) are seen at the distal end of ulna, scaphoid, triquetrum and hammate.

The lunate shows a severe volar subluxation and severe increase in the scapholunate interval is seen with interposition of the capitate- representing scapholunate advanced collapse (SLAC) and volar intercalated segmental instability (VISI).

Probable subcortical avascular necrosis of the lunate is seen (Mitchell class I) in relation to the radiocarpal articulation, appearing isointense to marrow fat with a T1/T2 hypointense rim and surrounding edema.

The triangular fibrocartilage is poorly visualized- likely fragmented.

Loculated fluid collections are seen within the extensor tendon sheaths- representing tenosynovitis.

IMPRESSION:

1. Reduction in the radiocarpal, intercarpal and carpometacarpal joint spaces with thinning of the articular cartilage, multiple subcortical erosions and geodes. Inflammatory soft tissue within the synovial cavity, suggestive of pannus- findings probably representative of an inflammatory arthritide. A contrast enhanced scan would be of worth.
2. Severe SLAC and VISI are seen as described above.
3. Probable osteonecrosis of the lunate.
4. Fragmentation of the triangular fibrocartilage
5. Loculated tenosynovitis within the extensor tendon sheaths.

Thank you, for this referral.