

Dear Client,

This is your second opinion medical advice. You made the right choice to seek an independent medical opinion.

How to read the report

Radiologists list the most likely diagnoses with some weight of probability, often more exams (other than Radiology) are needed to determine the final diagnosis.

What to do next

1. Consult your second medical opinion with your treating physician

Your physician is one of the most important persons on your road to recovery. You need a physician who is qualified and whom you can fully trust.

You can prepare in advance a list of questions you want your doctor to answer. For example: What are the best treatment options? What are the possible risks or side effects? What kind of changes will I need to make in my daily life?

2. Do an online research

There are a large number of health resources and medical forums where you can find information and people from all over the world with the same diagnosis.

The experience and knowledge of others can be a huge support for you. Always be sure though to verify that your information is from a trusted source.

3. Decide your treatment plan

Together with your physician you should work out a treatment plan that best meets your needs. This is the second most important step after receiving your diagnosis.

We wish you quick recovery and strong health,

Your Diagnose.me team

Diagnose.me Case Report

| | |
|--------------------------|---|
| Case number | goharosi49 |
| Created on [DD/MM/YY] | 04 Nov 2016 |
| Written by | Srikanth Narayanaswamy, MD United Kingdom Consultant Musculoskeletal Radiologist Profile: https://www.diagnose.me/en/specialists/srikanth-narayanaswamy |

1. Clinical information

| | |
|--------|--------|
| Gender | Female |
| Age | 50 |

2. Details of examinations

| Modality | Study Description | Series/sequences | Date of exam [DD/MM/YYYY] |
|----------|------------------------------|------------------|------------------------------|
| DX | XR Foot Right | 1/1 | 01/03/2016 |
| MR | MR Ankle Right | 6/152 | 22/03/2016 |
| DX | XR Foot Right Weight Bearing | 2/2 | 01/03/2016 |
| DX | XR Ankle Right | 3/3 | 01/03/2016 |
| CT | CT Foot Rt | 6/376 | 22/03/2012 |

3. Patient's question

You interpreted prior xrays so i now have more reecnt xrays that i would like you to assess. I ahve had to send them via snail mail to nataliya in slovakia ... But thought i should go ahead and book so as soon as she recevies and uploads the CD's, everything will be arranged. One of the CD is the March 2012 CT scan that reference was made to in a

previous case. An overview of the foot degeneration and treatment necessary would be helpful With regards Liz Perloff

4. Description of findings including images

CT RIGHT FOOT (22/03/2012)

- Bones generally look osteopenic.
- Previous Fracture of distal fibula is noted which demonstrates partial bony union medially. The ankle joint alignment appear to be preserved. There is Os trigonum (normal variant).
- There is small bony fragment noted adjacent to the middle subtalar joint medially measuring 10mm, most likely to represent an old fracture fragment. Further 3 mm bony fragment is seen in sinus tarsi
- There are multiple small bony fragments noted adjacent to the anterior process of calcaneum suggestive of old fracture fragments (Fig 1). In addition the healed fracture also appear to extend to involve the articular margin at the superior aspect of the calcaneo-cuboid joint.
- The subtalar joint alignment is however well preserved.
- I understand that the patient had previous K wire fixation across the talonavicular joint. There are secondary degenerative changes in the talonavicular joint, calcaneo-cuboid joint as evidenced by mild joint

space narrowing. There is further old fracture of the lateral cuneiform bone and dorsal aspect of the cuboid bone (Fig 2)

- Naviculocuneiform articulations appear unremarkable
- Tarsometatarsal articulation appear to be well preserved except for mild narrowing of the 3rd and 4th tarsometatarsal joints.

CONCLUSION:

- Multiple small bony fragments adjacent to the anterior process of calcaneum, middle sublar joint, lateral cuneiform bone suggestive of old fracture fragments.
- Secondary degenerative changes in the talo-navicular, calcaneo-cuboid, 3rd and 4th TMT joints.

X RAY RIGHT ANKLE and RIGHT FOOT (01/03/2016)

- There is an old malunited Fracture of the distal fibula.
- There are degenerative changes in the talonavicular joint. Further degenerative changes are seen in the calcaneo-cuboid joint.
- Ankle joint alignment appear satisfactory.

MRI RIGHT FOOT (22/03/2016)

- Intact syndesmotic ligaments
- There is thickening of the anterior talofibular ligament, suggestive of chronic strain. Otherwise rest of the lateral collateral ligaments are unremarkable. Deltoid ligament is within normal limit
- Articular cartilage in the ankle joint is largely intact except for mild thinning of the cartilage across the medial aspect of the talar dome.
- There is degenerative change noted in the middle subtalar joint as evidenced by cartilage thinning. Further mild degenerative changes are noted in the talonavicular, calcaneocuboid and 3rd and 4th tarso-metatarsal

joints as evidenced by cartilage thinning, osteophyte formation and subchondral cystic changes (Fig 3).

- Multiple small bony fragments as described on previous CT are once again noted.
- Extensor compartment tendons, flexor tendons and peroneal tendons appear unremarkable
- Achilles tendon and plantar fascia is within normal limit.

Impression:

- **Degenerative changes in the middle subtalar, talo-navicular, calcaneo-cuboid, 3rd and 4th TMT joints.**
- **Chronic strain of anterior talo-fibular ligament.**



Fig 1- Arrow pointing towards old fracture fragments



Fig 2- Arrow pointing towards old fracture fragment from lateral cuneiform

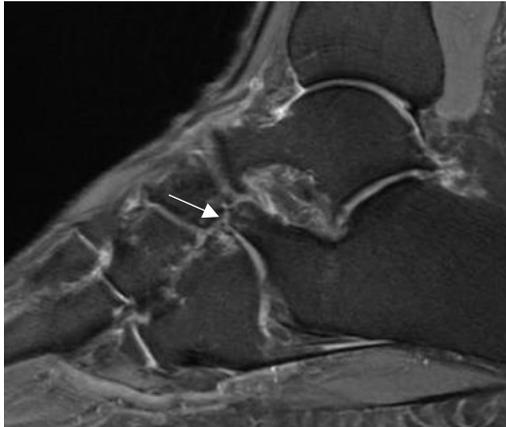


Fig 3- Arrow pointing towards degenerative changes in the calcaneo-cuboid joint

5. Impression/conclusion

- **Multiple old fracture fragments from the previous injury as described on previous CT report**
 - **Degenerative changes in the middle subtalar, talo-navicular, calcaneo-cuboid, 3rd and 4th TMT joints.**
 - **Chronic strain of anterior talo-fibular ligament.**
-

6. Advice

- Unfortunately you are developing secondary degenerative changes secondary to previous fractures. I have outlined all the fracture fragments in my CT report.
- The extent of degenerative change, however does not look too severe at this point in time.
- You can certainly consider oral anti-inflammatories, ultrasound guided steroid injection in to the joint (the site of the joint is driven by your

clinical symptoms). I would also suggest you to meet up with a physiotherapist who may work on strengthening your foot muscles.