MRI of the wrist:

Multiplanar/multi-sequence MRI of the wrist was performed with the administration of intra-articular gadolinium. There are no old studies for comparison.

Evaluation of the triangular fibrocartilage (TFCC) demonstrates a large amount of gadolinium present within the distal radial-ulnar joint. (DRUJ) There is a small perforation of the triangular fibrocartilage TFCC attachment to the ulnar sided radial tubercle. The ulnar styloid, meniscal homologue and ulnar body attachments are intact. The extensor carpi ulnaris brevis and longus tendons are intact. There is no evidence of fracture or dislocation. The luno-triquetral ligament and scaphoid-lunate ligament is intact.

Evaluation of the bone marrow demonstrates bone marrow edema present within the triquetrum, inferior capitate, and inferior hamate bone. This may represent ulnar abutment syndrome. Clinical correlation and follow-up is recommended.

Evaluation of the musculature surrounding the wrist demonstrates the flexor digitorum profundus and superficialis tendons to be intact with the exception of mild to moderate tendinitis of the flexor digitorum superficialis tendons. Compartments 1-5 are intact without evidence of tear. No bony or soft tissue masses identified.

Conclusion:

1. TFCC tear at the radial tubercle-DRUJ attachment.
2. Large amount of gadolinium present within the distal radial-ulnar joint. DRUJ
3. Bone marrow edema present within the triquetrum, hamate, and capitate, suspicious for ulnar impaction/abutment syndrome.
4. No evidence of fracture or dislocation.
5. The surrounding tendons and musculature showed no evidence of tear.

MRI of the right knee:

Multiplanar/multi-sequence MRI of the right knee was performed without the administration of gadolinium. There are no old studies for comparison.

Evaluation of the menisci demonstrates no evidence of meniscal tear within the lateral or medial meniscus. The anterior and posterior cruciate ligaments are intact. The medial and lateral collateral ligament complexes show no gross abnormality. The medial and lateral patellar retinaculum shows no evidence of tear or abnormality. The quadriceps tendon insertion is intact. Evaluation of the patellar tendon demonstrates thickening and irregularity of the proximal patellar tendon insertion on the inferior pole of the patella. There is a small amount of bone marrow edema at the inferior pole to patella consistent with bone bruise. There is grade II patellar tendinitis. Clinical correlation and follow-up is recommended.

The intra-articular surfaces and cartilage are intact. No loose bodies are present within the joint. There is a mild to moderate joint effusion. There is a small baker cyst without evidence of rupture. The surrounding tendons and musculature show no gross abnormality including the popliteal tendon. Bone marrow signal is normal without evidence of fracture.

Conclusion:

1. Grade II patellar tendinitis at the proximal attachment.
2. Bone bruise at the inferior pole of the patella.
3. No evidence of meniscal tear.
4. The ACL and PCL are intact.