

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No.MC-2491 Certificate No. MIS-2023-0218

: Mr.MOHD REHAN	Visit No	: CHA250039070
: 14 Y/M	Registration ON	: 04/Mar/2025 02:55PM
: 10136365	Sample Collected ON	: 04/Mar/2025 02:55PM
: Dr.SUHAIL AHMAD KIDWAI	Sample Received ON	:
: CHARAK NA	Report Generated ON	: 04/Mar/2025 05:51PM
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Patient Name	: Mr.MOHD REHAN	Visit No	: CHA250039070
Age/Gender	: 14 Y/M	Registration ON	: 04/Mar/2025 02:55PM
Lab No	: 10136365	Sample Collected ON	: 04/Mar/2025 02:55PM
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MRI: RIGHT FOOT

IMAGING SEQUENCES (NCMR)

AXIAL: T1 & TSE T2 Wis. CORONAL: T1 & TIRM Wis.

Lateral cuneiform is showing diffuse altered marrow signal intensity lesion, appearing hypointense on T1 & hyperintense on T2/TIRM. The lesion is causing small cortical erosions. Small associated periosseous soft tissue component (measuring approx 11x 9mm) is noted in lateral aspect of dorsum of foot. Diffuse surrounding subcutaneous tissue edema is seen in dorsum of foot (predominantly in lateral aspect).

Lower end of tibia, fibula, talus, calcaneum, rest of the tarsals and visualized metatarsals are displaying normal MR morphology, signal intensity and outline. No evidence of talar osteochondritis.

Medial and lateral malleoli are displaying normal outline and signal intensity.

No evidence of any dislocation or displacement noted.

Tibiotalar, tibiofibular, talocalcaneal bony alignment and articulation are normal with normal joint spaces. Articular surfaces are smooth and regular. Also visualized rest of intertarsal and tarso-metatarsal joints are normal.

Extensor tendons, tibial, peroneal tendons are normal in course and thickness with normal MR morphology. Visualized lower peroneal and tibial muscles are normal.

Tendo-achilles is normal in thickness and configuration.

Heel pad is normal.

IMPRESSION

- CHARAK
- Altered marrow signal intensity lesion involving lateral cuneiform with cortical erosions, small associated periosseous soft tissue component & diffuse soft tissue in dorsum of foot as described ? infective etiology ? nature. Adv: clinico-pathological correlation.

Please correlate clinically.

DR. RAVENDRA SINGH MD

Typed by Ranjeet





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