

Patient Name	: Ms.KUSUM DEVI	Visit No	: CHA250042767
Age/Gender	: 55 Y/F	Registration ON	: 10/Mar/2025 09: 38AM
Lab No	: 10140062	Sample Collected ON	: 10/Mar/2025 09: 38AM
Referred By	: Dr.KGMU ORTHO	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 04: 28PM

MRI: LEFT FOREARM

IMAGING SEQUENCES (NCMR)

AXIAL: T1 & TSE T2 Wis.; **SAGITTAL:** TSE T2 Wis.; **CORONAL:** STIR & T2 Wis.

Well defined expansile intramedullary altered signal intensity lesion measuring approx. 150 (vertical) x 26 (A.P) x 31mm (Trans) is seen involving proximal and mid shaft of radius. The lesion is showing hypointense signal on T1 and heterogenously hyperintense signal on T2 W/PD images with few small T1 hyperintense cystic components. The lesion is causing expansion of medullary cavity with thinning of overlying cortex, however no cortical destruction of associated soft tissue component is seen. The lesion is showing narrow zone of transition. No surrounding bone marrow edema or periosteal reaction is seen. Mild irregularity is seen in antero-medial cortex of proximal shaft of radius with mild adjacent periosseous soft tissue edema (pathological fracture). Radial head epiphysis appears normal.

Another similar altered signal intensity lesion measuring [approx. 19 (vertical) x 14 (A.P) x 19mm (Trans)] is seen in distal end of radius.

Elbow and wrist joints appears grossly normal.

Ulna is showing normal cortical outline and marrow signal intensity.

Flexor and extensor muscles are displaying normal thickness and signal intensity.

Vascular flow voids are normally visualized.

IMPRESSION:

- **Well defined expansile intramedullary lesion involving proximal and mid shaft of radius with features, pathological fracture as described with another small similar lesion in distal end of radius – benign etiology (likely fibrous dysplasia).**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Transcribed by Priyanka...

*** End Of Report ***

