

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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

Patient Name

: Baby. GUDIYA CHAUHAN

 $Age/Gender \hspace{1.5cm} : \hspace{.1cm} 12 \hspace{.1cm} Y \hspace{.1cm} 0 \hspace{.1cm} M \hspace{.1cm} 0 \hspace{.1cm} D \hspace{.1cm} /F$

Lab No

: 10141668

Referred By Refer Lab/Hosp : Dr.KGMU : CHARAK NA Visit No

: CHA250044373

Registration ON

: 12/Mar/2025 09:33AM

Sample Collected ON

: 12/Mar/2025 09:33AM

Sample Received ON

Report Generated ON

: 12/Mar/2025 07:16PM

MRI: LEFT FOOT

IMAGING SEQUENCES (NCMR)

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

First metatarsal & proximal phalanx of great toe are showing diffuse altered marrow signal intensity appearing hypointense on T1 & hyperintense on T2/TIMR. Mild diffuse periosteal reaction is seen along first metatarsal. First metatarso-phalangeal joint is also involved showing moderate joint effusion with extensive subchondral erosions of metatarsal head and proximal phalanx with widening of joint space. Diffuse surrounding soft tissue edema is seen.

T2/TIRM hyperintense subcutaneous sinus tract is seen in supero-medial aspect of great toe communicating with the metatarso-phalangeal joint of great toe extending upto overlying skin.

Lower end of tibia, fibula, talus, calcaneum, tarsals rest of the metatarsals & rest of phalanges 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. Intertarsal, tarso-metatarsal & rest of metatarsophalangeal joints appears 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

• Findings are likely suggestive of osteomyelitis of first metatarsal & proximal phalanx of great toe with septic arthritis of first metatarsophalangeal joint. adv: histopathological correlation.

Please correlate clinically.

DR. RAVENDRA SINGH

MD

Typed by Ranjeet





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