

OBSERVATION

Examination:	CT Right Lower Extremity without Contrast
Clinical indication:	Fracture, possible dislocation.
Procedure	Thin slice CT was obtained through the foot. Sagittal and coronal reconstructions were performed.
Findings:	The distal tibia and distal fibula are intact. The talus exhibits a focus of sclerosis and irregularity along its posteromedial wall that most likely is related to a prior injury/surgery. The osseous talar dome is intact. The distal fibula is intact. The calcaneus is intact, there is a prominent plantar calcaneal spur. The navicular and cuboid are appropriately aligned. There is fairly severe arthritic disease at the entire tarsometatarsal joint row. This is characterized by joint space narrowing, subchondral cyst and some periarticular osteophyte formation. The subchondral cyst formation is particularly prominent in the cuboid and base of the fourth metatarsal, but also prominent at the third metatarsal base, lateral cuneiform and to a lesser degree, the first metatarsal base and medial cuneiform. The distal metatarsals as well as the phalanges are intact and unremarkable.
Soft tissue:	No soft tissue masses are demonstrated. There are fairly extensive atherosclerotic calcifications demonstrated throughout the ankle.

IMPRESSION

1. No evidence of dislocations in the ankle/hindfoot or the midfoot.
2. Severe arthritic disease with large subchondral cyst formations along the entirety of the tarsometatarsal joint row as detailed above.
3. Focus of sclerosis in the posteromedial talar margin, correlate for old injury.
4. Prominent calcaneal plantar spur.
5. Extensive atherosclerotic calcifications.

