

---

## XPLORE RADIOLOGY GRIFFITH

---

Dr Khaled Bardawil  
CORNER BRIDGE & CANADA STREET  
LAKE CARGELLIGO

Patient :  
GILLIAN MURRAY  
WILGA VALE

LAKE CARGELLIGO

Visit #: 1644042

Date of Birth: 22/08/1970

Patient Id: EEE905Z

Referred by : Dr Khaled Bardawil

Visit Date : 22 Jul 2021

Thank you for referring Gillian Murray for a 3T MRI of the left foot.

### 3T MRI LEFT FOOT:

#### Clinical Details:

Stab injury to the sole of the foot at the MTP joint of the 2nd toe, sustained on Anzac day. Now has numbness of the toes and feeling of cotton wrapped underneath the toes.

#### Technique:

Axial and coronal PD/PD fat sat along with sagittal T1 and sagittal PD fat sequences obtained through the left foot.

#### Findings:

No plain radiographs or ultrasounds to correlate.

A tiny cystic area is seen within the plantar aspect of the subcutaneous tissue opposite the head of the 3rd metatarsal, measured 4 x 8 x 8mm with no intra-articular communication. No associated sinus or surrounding oedema. No evidence of bone marrow oedema in the adjoining metatarsal head.

Note is made of intermetatarsal fluid seen in the 1st, 2nd and 3rd web spaces with some oedematous change at the plantar aspect. The metatarsophalangeal and interphalangeal joints define normally. There is no joint effusion.

Noted generalised oedema involving the ankle and dorsal aspect of the hindfoot with significant oedema also at the anterior aspect of the distal leg.

Mild osteoarthritic changes are seen involving the ankle joint, not characterised well. A small ankle joint effusion. Inflammatory changes in the sinus tarsi producing an element of sinus tarsi syndrome.

A large plantar calcaneal bone spur is seen, measured 1.9cm. There are significant changes of insertional plantar fasciitis with a tear measured approximately 9 x 12 x 25mm within the central limb. Significant associated bone marrow oedema also seen at the spur/plantar aspect calcaneus.

The Achilles tendon defines normally.

There are insertional changes of posterior tibial tendinosis over approximately 2cm from the insertion. Corresponding bone marrow edema. The remaining flexor, extensor and peroneal tendons define normally.

continued ...

---

The information contained in this facsimile message is legally privileged and confidential, intended only for the use of the individual named above. If the receiver is not the intended recipient the receiver is hereby notified that any use, dissemination, distribution, publication or copying of this facsimile is prohibited. If you have received this facsimile in error please notify the practice immediately and arrangements will be made to retrieve or destroy it.

---

GILLIAN MURRAY

Date of Birth: 22/08/1970

MRI LEFT FOOT : 22 Jul 2021

Page: 2

**CONCLUSION:**

1. Focal fluid seen in the plantar aspect opposite the 3rd metatarsal head is likely related to the intermetatarsal bursitis seen in the 1st, 2nd and 3rd web spaces, possibly not related to the known injury. The symptoms are likely related to this, an US guided cortisone injection may help.
2. Large plantar calcaneal bone spur and associated significant changes of plantar fasciitis, a large tear also involving the central limb. Associated bone marrow oedema.
3. Insertional changes of posterior tibial tendinosis and associated superficial oedema.
4. Mild degenerative changes at the ankle with a small ankle joint effusion/synovitis. Changes also of sinus tarsi syndrome.

Yours sincerely,

Dr Nalayini Balendran  
MBS (Hons) (Monash University)  
FRANZCR, FRCPC

*We now have available a high field 3T Siemens MRI. Shortest bore (tunnel) increases patient comfort and reduces claustrophobia*

**Patient Name:** MURRAY, GILLIAN  
**Patient Address:** "WILGA VALE", BURGOONEY RD, LAKE CARGELLIGO 2672  
**D.O.B:** 22/08/1970 **Gender:** F  
**Medicare No.:** **IHI No.:**  
**Lab. Reference:** CON2230291 **Provider:** Greater Western Medical Imaging Gateway  
**Addressee:** DR KHALED BARDAWIL **Referred by:** DR ANGELA JEAN HATFIELD

**Date Requested:** 15/02/2022 **Date Performed:** 15/02/2022  
**Date Collected:** 15/02/2022 **Complete:** Final

**Specimen:**

**Subject(Test Name):** LEG - KNEE - LEFT, LEG - KNEE - RIGHT

Leg - Knee - Left, Leg - Knee - Right CON2230291 (Greater Western Medical Imaging Gateway)

Gillian Murray DOB: 22/08/1970

"Wilga Vale", Burgooney Rd Lake Cargelligo NSW 2672 Sex: Female

Ref: CON2230291 Greater Western Medical Imaging Gateway

Addressee: Dr KHALED BARDAWIL Referrer: DR Angela Jean Hatfield

Requested: 15/02/2022 11:20 AM Collected: 15/02/2022 11:20 AM

Reported: 15/02/2022 12:46 PM

Leg - Knee - Left, Leg - Knee - Right

X-RAY BOTH KNEES

CLINICAL HISTORY:  
?OA knees.

**FINDINGS:**

There is narrowing of the medial tibiofemoral compartment in both knees, more prominent on the left. There is hypertrophy of the left more than right tibial intercondylar spines and marginal osteophyte formation at the medial more than lateral aspect of each tibiofemoral joint.

There is slight-moderate osteophyte formation at the margins of each patellofemoral joint, with lateral tilt and slight lateral shift of right more than left patella on the femoral articular margin. There is no joint effusion.

**CONCLUSION:**

There is marked medial meniscal and cartilage damage on each side. Slight-moderate degenerative change is seen at each tibiofemoral joint, especially medially. There

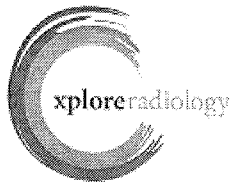
is degenerative change at each patellofemoral joint and I cannot exclude the result of chronic lateral tracking.

DR A GUTMANN/msv

**Please see additional patient information below**

Referenced Document: [Radiology Images](#)

Report Author: [20220215124611+1000](#) Service Provider: Greater Western Medical Imaging Gateway



79A Kurrajong Avenue Leeton, NSW, 2705  
Ph: (02) 6953 4644 Fax: (02) 6953 7708  
119-121 Yambil Street Griffith, NSW, 2680  
Ph: (02) 6962 3335 Fax: (02) 5963 2721

E: info@xrad.com.au

## MRI LEFT FOOT

<b>Patient:</b>	MURRAY, GILLIAN	<b>Date of Birth:</b>	1970-08-22 00:00	<b>Sex:</b>	F
<b>Address:</b>		<b>Medicare Number:</b>	23419300681	<b>Phone:</b>	0269729111
<b>Sender:</b>	NALAYIN,	<b>Addressee:</b>	BARDAWIL, Dr Khaled	<b>Referred by:</b>	DR KHALED BARDAWIL
<b>Lab Reference:</b>	1644042				
<b>Requested:</b>		<b>Collected:</b>	22/07/2021 12:07:00 PM	<b>Reported:</b>	26/07/2021 1:08:00 PM

This report is for: Dr K. Bardawil  
Referred By:  
Dr K. Bardawil

MRI LEFT FOOT 22/07/2021 Reference: 1644042

Thank you for referring Gillian Murray for a 3T MRI of the left foot.

### 3T MRI LEFT FOOT:

#### Clinical Details:

Stab injury to the sole of the foot at the MTP joint of the 2nd toe, sustained on Anzac day. Now has numbness of the toes and feeling of cotton wrapped underneath the toes.

#### Technique:

Axial and coronal PD/PD fat sat along with sagittal T1 and sagittal PD fat sequences obtained through the left foot.

#### Findings:

No plain radiographs or ultrasounds to correlate.

A tiny cystic area is seen within the plantar aspect of the subcutaneous tissue opposite the head of the 3rd metatarsal, measured 4 x 8 x 8mm with no intra-articular communication. No associated sinus or surrounding oedema. No evidence of bone marrow oedema in the adjoining metatarsal head.

Note is made of intermetatarsal fluid seen in the 1st, 2nd and 3rd web spaces with some oedematous change at the plantar aspect. The metatarsophalangeal and interphalangeal joints define normally. There is no joint effusion.

Noted generalised oedema involving the ankle and dorsal aspect of the hindfoot with significant oedema also at the anterior aspect of the distal leg.

Mild osteoarthritic changes are seen involving the ankle joint, not characterised well. A small ankle joint effusion. Inflammatory changes in the sinus tarsi producing an element of sinus tarsi syndrome.

A large plantar calcaneal bone spur is seen, measured 1.9cm. There are significant changes of insertional plantar fasciitis with a tear measured approximately 9 x 12 x 25mm within the central limb. Significant associated bone marrow oedema also seen at the spur/plantar aspect calcaneus.

The Achilles tendon defines normally.

There are insertional changes of posterior tibial tendinosis over approximately 2cm from the insertion. Corresponding bone marrow edema. The remaining flexor, extensor and peroneal tendons define normally.

#### CONCLUSION:

1. Focal fluid seen in the plantar aspect opposite the 3rd metatarsal head is likely related to the intermetatarsal bursitis seen in the 1st, 2nd and 3rd web spaces, possibly not related to the known injury. The symptoms are likely related to this, an US guided cortisone injection may help.
2. Large plantar calcaneal bone spur and associated significant changes of plantar fasciitis, a large tear also involving the central limb. Associated bone marrow oedema.
3. Insertional changes of posterior tibial tendinosis and associated superficial oedema.
4. Mild degenerative changes at the ankle with a small ankle joint effusion/synovitis. Changes also of sinus tarsi syndrome.

Yours sincerely,

Dr Nalayini Balendran  
MBS (Hons) (Monash University)  
FRANZCR, FRCPC

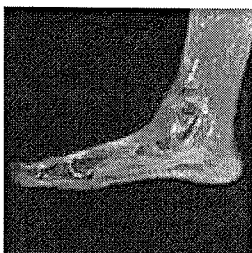
We now have available a high field 3T Siemens MRI. Shortest bore (tunnel) increases patient comfort and reduces claustrophobia

Radiologist: Dr B. Nalayin

Radiologist: Dr B. Nalayin

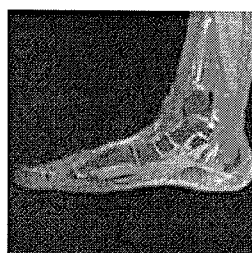
[Click here to view all images in Carestream Vue Motion \(1644042-MR\)](#)

[View](#)



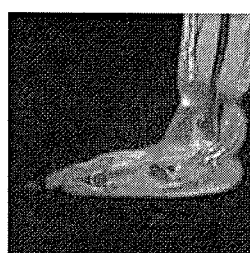
[View](#)

[View](#)



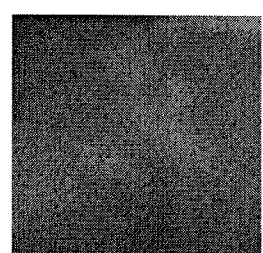
[View](#)

[View](#)

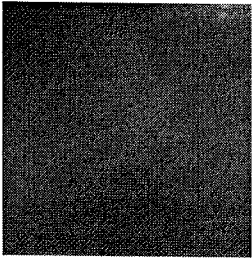


[View](#)

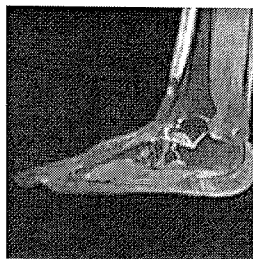
[View](#)



[View](#)



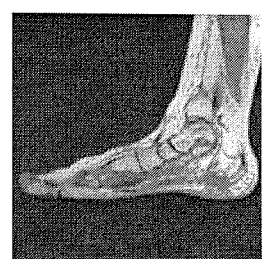
View



View



View



View

