Exam Name

XR left Leg 03/10/2024

Clinical Indication non union Technique 2 views left leg Comparison **CT scan 2 September 2024 and x-rays 30 July 2024.** Impression

Improved healing of proximal left tibia shaft fracture with bony callus formation, however persistent lucency denoting focal non united area along the lateral cortex of the proximal left tibia shaft. No hardware related complication. No new fracture or displacement. Non-united proximal left fibular fracture again noted.

Clinical Indication Non-union left leg fracture. Technique Nonenhanced axial cuts of the left leg with multiplanar reformats. Comparison **CT scan of 16 January 2024** Findings Multiple prior x-rays and CT scan.

Tibia: No significant change in the previously present circumferential bone resorption, compatible with loosening, along the proximal aspect of the tibial intramedullary nail. There is mild decrease of bone resorption at the distal tip of the intramedullary nail. No change in the alignment of the tibial fracture which is acceptable.

There is further healing process by callus formation and periosteal reaction at the tibial fracture. Persistent defect along the lateral aspect of the proximal tibia, estimated at 3 cm. Residual oblique lucent fracture is noted at the mid shaft showing increased slightly dense haziness due to callus. No new fracture. No aggressive periosteal reaction. No bony sequestrum, no cloaca. No CT features of acute or chronic osteomyelitis.

Fibula:

There is mild improvement in fibular alignment which is acceptable. No significant change in the significantly comminuted fracture of the proximal fibular diaphysis with multiple detached bone fragments with no significant healing at this level. However, the nondisplaced fracture of the mid fibular diaphysis shows further improved healing by callus formation with residual lucent fracture line..

No new fracture is seen. No aggressive periosteal reaction. Mild osteoarthritis of the knee joint .

Patchy diffuse osteopenia, likely related to disuse. The knee joint is not included on this examination for evaluation or comparison.

Grossly unchanged diffuse subcutaneous fat planes edema, thickening, scarring as well as anterior muscle edema.

Again, noted mild diffuse muscle atrophy of the leg. No large fluid collection.

Few small Shrapnels are seen along the posterior aspect of the leg.

Impression

 Mild progression of healing of the proximal tibial fracture by callus and periostitis. Unchanged acceptable alignment.
Decrease in bone resorption over the distal tip of the intramedullary tibial nail. Stable significant bone resorption in keeping with loosening surrounding the proximal portion of the tibial nail.

3. Progression of healing of the fracture involving the midshaft of the fibula. However, no change with no interval healing process

of the proximal fibular comminuted fracture, showing multiple

bone fragments. Mild improvement of the fibular alignment,4. Unchanged postoperative subcutaneous soft tissue

thickening, edema and scarring of the left leg. No gross soft tissue collections.

5. No new fractures or new areas of periprosthetic bone resorption.

. Other