

Case 1

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE ANKLE JOINT (AP (foot) & LAT (ankle) VIEWS):-

Findings:

- *The ankle joint shows destruction of the calcaneal bone with bony fragments with subchondral osteopenia.*
- *Disintegration & dislocation of the joint.*
- *Associated surrounding soft tissue edema.*
- *An Ill-defined lytic lesion of the tarso-metatarsal joint of third toe.*
- *Sesamoid bone of distal end of metatarsal bone of big toe.*

Opinion:

Picture is consistent with Charcot's joint.

Case 2

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE HANDS & WRISTS (PA VIEW):-

Findings:

- ***Marked osteoarthritic changes are noted at the proximal & distal inter-phalangeal joints in the form of (narrowed joint spaces, marginal osteophytic lipping & subchondral lucencies).***
- ***"Pencil in cup " appearance of the distal phalanges.***
- ***Osteoportic features of examined bones.***
- **No detected associated soft tissue masses or cortical destruction.**

Opinion:

Findings are consistent with Psoraitic arthritis multicans.

Case 3

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE LEFT SHOULDER JOINT (AP VIEW):-

Findings:

- *The humeral head shows a well-defined epiphyseal eccentric mixed lytic & sclerotic lesion with irregular margins with narrow zone of transition & (bone marrow edema in MRI).*
- No detected associated soft tissue masses.

Opinion:

Picture is consistent with chondroblastoma.

Case 4

AXIAL CT SCAN OF THE LUMBAR SPINE :-

Findings:

- ***Widening/expansion of the dural sac is noted with an irregular contour & posterior vertebral body scalloping.***
- Intact surrounding musculature with intact intervening intermuscular fat planes.

Opinion:

Picture is consistent with Dural ectasia.

Case 5

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE LEFT SHOULDER JOINT (AP VIEW):-

Findings:

- *The humeral head shows anterior, medial & inferior migration from the glenoid fossa (sub-coracoid in position).*
- *A radiolucent longitudinal fracture line is seen along the the lateral aspect of proximal humerus with separation of the greater tuberosity.*
- No detected periosteal reaction or associated soft tissue masses.

Opinion:

Picture is denoting anterior shoulder dislocation with greater tuberosity fracture.

Case 6

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE LEFT SHOULDER JOINT (AP VIEW):-

Findings:

- *The upper end of left humerus shows a large expansile well-defined multi-locular oval shaped osteolytic medullary bony lesion, it's metaphyseal & central in location ,yet not sub-articular in position with marked thinning of the overlying cortex.*
- No detected cortical destruction, periosteal reaction or associated soft tissue masses.
- No fracture lines could be detected.

Opinion:

Picture is suggestive of Aneurysmal bone cyst.

Case 7

DIGITALIZED PLAIN X-RAY EXAMINATION OF KNEE JOINT (AP & LATERAL VIEWS):-

Findings:

- ***A small subchondral bone is seen separated from the medial femoral condyle & surrounded by a radiolucent zone.***
- ***No fracture lines could be detected.***
- ***No detectable periosteal reaction or soft tissue masses.***

Opinion:

Findings are consistent with Osteochondritis ossicans.

Case 8

DIGITALIZED PLAIN X-RAY EXAMINATION OF BOTH WRIST JOINTS (PA VIEW):-

Findings:

- ***Osteoporotic changes of the radiographed bones.***
- ***Distal ends of both radial & ulnar bones show ill-defined metaphyseal margins with increased width of growth plates, cupping, fraying & splaying .***
- ***No fracture lines could be detected.***

Opinion:

Findings are consistent with active rickets of scanned bones.

Case 9

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE --- KNEE JOINT (AP VIEW):-

Findings:

- *The lateral aspect of upper end of tibial metaphysis shows a solitary well-defined osteolytic eccentric lesion with an irregular sclerotic margin.*
- *Cortical thinning is noted with narrow zone of transition.*
- No fracture lines could be detected.

Opinion:

Picture is consistent with Giant cell tumor of tibia.

Case 10

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE RIGHT SHOULDER JOINT (AP VIEW):-

Findings:

- *The humeral head shows a solitary ill-defined osteolytic medullary lesion with an irregular sclerotic margin.*
- *A wide zone of transition is noted causing "moth-eaten appearance" with an overlying peri-osteal reaction giving the 'sun-burst appearance'.*
- *No fracture lines could be detected.*

Opinion:

Picture is suggestive of intra-medullary osteosarcoma.

Case 11

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE LEFT SHOULDER JOINT (AP VIEW):-

Findings:

- *The upper end of left humerus shows a large expansile well-defined oval shaped multi-locular osteolytic medullary bony lesion, it's metaphyseal & central in location ,yet not sub-articular in position with marked thinning of the overlying cortex.*
- No detected cortical destruction, periosteal reaction or associated soft tissue masses.
- No fracture lines could be detected.

Opinion:

Picture is suggestive of Aneurysmal bone cyst.

Case 12

DIGITALIZED PLAIN X-RAY EXAMINATION OF BOTH HIP JOINTS (FROG LEG VIEW) :-

Findings:

- ***Small sized, condensed & fragmented left femoral capital epiphysis, noticed more at the lateral aspect with widened left hip joint space.***
- ***Relatively broad left femoral neck.***
- No fracture lines could be detected.
- No detected cortical destruction, periosteal reaction or soft tissue masses.
- Normal Right joint space.

Opinion:

Left sided Legg Clavv's Perthes disease .

Case 13

CT SCAN OF THE LUMBAR SPINE (AXIAL CUTS) :-

Findings:

- *Left pedicle shows a well-defined rounded lesion with internal hypderdensity & surrounding area of hyperdensity with involvement of cortex of left hemi-vertebra.*

Opinion:

Picture is consistent with -----.

Case 14

CT SCAN OF THE LEG (AXIAL & CORONAL CUTS) :-

Findings:

- *Tibial shaft shows a well-defined rounded small intra-medullary diaphyseal lesion with marked periosteal reaction.*

Opinion:

Picture is consistent with osteomyelitis.

Case 15

CT SCAN OF THE KNEE JOINT (AXIAL & SAGITTAL CUTS WITH 3D RECONSTRUCTION) :-

Findings:

- ***A cartilage capped conical shaped pedunculated bony projection is seen exiting from the lateral aspect of distal one-third of femur , projecting away from the epiphyseal surface , with its medulla seen continous with the femoral medulla.***
- Intact surrounding musculature with intact intervening intermuscular fat planes.
- No joint effusion or intra-articular loose bodies noted.

Opinion:

Picture is consistent with osteocartilagenous exostosis/osteochondroma.

Case 16

DIGITALIZED PLAIN X-RAY EXAMINATION OF THE LEFT KNEE (AP & LATERAL VIEWS):-

Findings:

- ***Multiple well defined variable-sized rounded radio-opaque loose bodies are noted related to the knee joint space.***
- ***Marked osteoarthritic changes in the form of :***
 - ***Decreased medial & lateral tibio-femoral joint spaces & patello-femoral joint space.***
 - ***Marginal osteophytic lipping.***
 - ***Subchondral degenerative changes.***
- ***No fracture lines could be detected.***
- ***No peri-articular soft tissue swellings.***
- ***No detectable peri-osteal reaction.***

Opinion:

Marked osteoarthritis of the left knee joint with subsequent secondary synovial chondromatosis.