

CLINICAL HISTORY: A 58-year-old female for evaluation of the ulnar nerve. Evidence of ulnar neuropathy.

TECHNIQUE: Axial, sagittal and coronal fat and water-weighted images of the right elbow were performed.

COMPARISON: No previous study is available for comparison at this time.

FINDINGS: Mild inflammation is located posterior to the ulnar nerve and possibly slight edema within the ulnar nerve just proximal to the cubital tunnel, but no focally impinging mass is observed.

No impinging lesion is noted along the superficial or the deep components of the radial nerve, the ulnar nerve traversing the cubital tunnel, or the median nerve at the level of the pronator teres. The periarticular musculature is normal without denervation atrophy.

Radiocapitellar alignment is normal.

No elbow fracture, osteonecrosis, or OCD lesion of the capitellum. No joint effusion or loose body.

The biceps and brachialis tendons and respective musculotendinous junctions are normal.

No tearing of the triceps tendon or teno-osseous insertion.

There is a physiologic volume of joint fluid.

Slight enlargement of the extensor carpi radialis brevis tendon (common extensor tendon) suggests mild lateral epicondylitis without a high-grade tear, bony avulsion or underlying bone marrow edema.

IMPRESSION (MRI OF THE RIGHT ELBOW):

1. Specifically, no compressive mass is observed in the region of the ulnar nerve. Minimal posteromedial subcutaneous inflammation. Very slight edema within the ulnar nerve just proximal to the cubital tunnel could be potentially associated with ulnar neuritis. No denervation atrophy of the periarticular musculature of the right elbow.
2. No tearing of the biceps, triceps or brachialis tendons.
3. There is a small volume of joint fluid without a large effusion or hemarthrosis. No fracture or osteonecrosis.
4. No tearing of the collateral ligaments or pronator-common flexor tendon.
5. Slight lateral epicondylitis without advanced tendinopathy or frank tearing of the extensor carpi radialis brevis tendon. No underlying bone marrow edema.