

**DIAGNOSTIC X-RAY CONSULTATION SERVICES®**

GARY A. LONGMUIR, M.App.Sc., D.C., Ph.D., D.A.C.B.R.

Radiology

2525 W. Carefree Highway, Building 2A, Suite 114

Phoenix, AZ 85085-9302

Telephone: (602) 274-3331

Fax: (602) 279-4445

*Diplomate, American Chiropractic Board of Radiology*

*Fellow, the American Chiropractic College of Radiology*

[glongmuir@diagnosticx-ray.com](mailto:glongmuir@diagnosticx-ray.com)

Patient's Name: Mr. XXXX XXXXXXXX

Referred by: Dr. X XXXXXXXX

Date Taken: 1/23/16

Date of Report: 1/24/16

Patient's Complaint: Left wrist pain of 6 months duration.

Patient's History: Automobile accident/injury, 12/20/15.

Findings:

Radiographic examination of the left wrist by means of PA, medial oblique and lateral projections reveals a transverse fracture through the proximal pole the scaphoid. There is no appreciable angulation or displacement. Minimal sclerotic changes are identified at the free margins. The deep fat pad of the pronator quadratus is laterally displaced. Generalized bone density is well preserved.

The radiocarpal joint compartment is minimally diminished. Reactive sclerosis is evident at the distal radial bone end. The remaining bony structures are unremarkable.

Impressions:

1. Transverse fracture through the waist of the scaphoid. Proximal fragment changes compatible with the onset of avascular necrosis are not featured.
2. Early degenerative changes at the radiocarpal joint compartment.

Recommendations:

Interprofessional referral for orthopedic co-management is recommended if this has not already been accomplished.



G.A. Longmuir, DC, DACBR