

# Radiology report

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**ASSIGN  
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Diabetic patient with ulcer on the bottom right foot. Images of the feet were obtained in a plane perpendicular to the long axis of the foot. Utilizing a T1-sequence an effective double-echo sequence and in a plane nearly paralleling the long axis of the foot utilizing an effective double-echo sequence. An additional sequence was performed in an attempt to do a fat saturation technique. However, motion artifact degrades the detail on these images limiting the use for evaluation.

There is prominent abnormality evident in the right midfoot and forefoot. This consists of abnormally increased soft tissue present, predominantly plantar, medial to the tarsals and proximal to the metatarsals but also dorsal to the proximal metatarsals. At the distal aspect of this abnormality near the metatarsophalangeal joint, there is a prominent defect present in the plantar medial soft tissues extending to this abnormal soft tissue characteristic, suggesting an area of ulceration or surgical defect.

Deep to this area of apparent ulceration there is bright T2-signal present at the dorsolateral aspect of the foot at the level of the mid to distal metatarsals suggesting edema and and/or inflammation in the dorsal soft tissues in that region. I do not see definite replacement of the normal bright marrow signal on the T1-sequence within the tarsals or metatarsals. Therefore, I do not see definite osteomyelitis. Certainly the findings are highly suggestive of a rampant cellulitis.

Unfortunately, I have no plain films available for correlation at this time. If additional evaluation is required, one could consider combined gallium and bone scanning. In the left foot, I see neither definite remarkable soft tissue

abnormalities nor do I see marrow replacement within the tarsals or metatarsals. The phalanges in both feet are rather difficult to evaluate other than the bases of the proximal phalanges of the great toes in which I see no remarkable abnormality.