

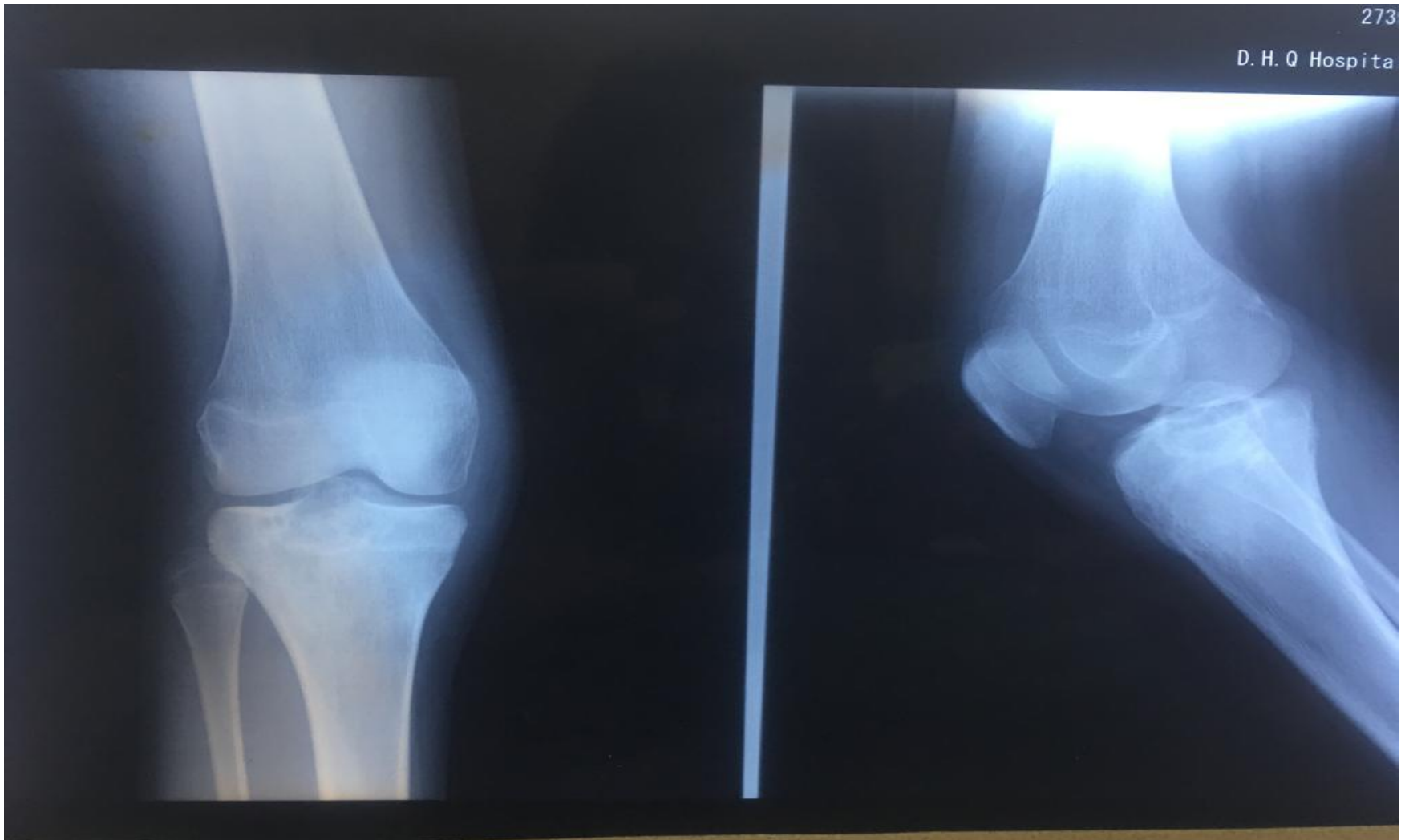
Case No.1



X ray knee joint Showing eccentric lytic lesion with narrow zone of transition and no surrounding sclerosis. Overlying cortex is thinned, periosteal reaction is absent. No soft tissue mass present. Pathological fracture is not present. No matrix calcification/mineralization

Diagnosis: GCT

Case No.2



X ray knee joint of skeletally immature patient

Lytic lesion in epiphysis of tibia with thin sclerotic margins and internal specks of calcification

Diagnosis: Chondroblastoma

Case No.3



CT angiography abdomen axial slice at the level of kidneys showing thrombosis in the SMA at its origin from abdominal aorta

Diagnosis: SMA Thrombus

Case No. 4



MRI of Right foot shows a T₁W hypointense, T₂W hypointense, well defined solitary lesion along the muscle tendons of anterior aspect of right foot, lying in close proximity to superior surface of talus; likely suggestive of GCT of tendon sheath

Diagnosis: GCT of tendon sheath

[Click here for video](#)

Case No. 5



Plain radiograph right leg AP and lateral views showing a broad based soft tissue swelling along the fibular diaphysis causing extrinsic erosion of underlying sclerotic diaphyseal cortex with associated sunburst periosteal reaction extending into soft tissue component.

Diagnosis: Periosteal sarcoma.