MyUPMC

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Note from University of Pittsburgh Medical Center (UPMC)
This document contains information that was shared with Mikhail Kutsovsky. It may not contain the entire record from University of Pittsburgh Medical Center (UPMC).

Allergies

Not on file

Current Medications

Not on file

Active Problems

Not on file

Information not available to this user

Results

CBC AND DIFF W/ PLATELETS - Final result (01/29/2015 12:55 PM EST)

Component	Value	Range
WBC	5.7	3.8-10.6 X10E+09/L
RBC	5.04	4.13-5.57 X10E+12/L
Hgb	15.3	12.9-16.9 g/dL
Hematocrit(HCT)	46.0	38.0-48.8 %
MCV	91.2	82.6-97.4 fL
MCH	30.3	27.8-33.4 pg
MCHC	33.3	32.7-35.5 g/dL
RDW	13.5	11.8-15.2 %
Platelets	186	156-369 X10E+09/L
Mean Platelet Volume	8.8	6.8-10.4 fL
NEUTROPHILS %	66.3	44.3-77.1 %
LYMPHS %	25.3	13.0-43.8 %
MONOS %	6.7	3.7-12.5 %
EOS %	1.2	0.2-6.0 %
BASO %	0.5	0.1-1.2 %
ABS Neutrophils	3.8	2.24-7.68 X10E+09/L
ABS Lymphocytes	1.4	0.80-3.65 X10E+09/L
ABS Monocytes	0.4	0.3-0.9 X10E+09/L
ABSOLUTE EOS	0.1	0.0-0.4 X10E+09/L
ABS Basophils	0.0	0.0-0.06 X10E+09/L
TYPE OF DIFFERENTIAL	Automated Differential	

MR JOINT LWR EXTR WITHOUT CONTRAST RIGHT - Final result (01/27/2015 3:56 PM EST)

Impressions

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IMPRESSION:

1.  Chronic 1.5 x 1.8 cm osteochondral lesion involving the notch
third weightbearing medial femoral condyle with subchondral cystic
changes and marrow edema, bony productive changes of the subchondral
bone plate, and deep chondral fissuring of the involved articular
cartilage.
2.  Multiloculated ganglion cyst in the posterior intercondylar
region.
3.  Intact cruciate and collateral ligaments. No meniscal tear.
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Narrative

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MR RIGHT KNEE WITHOUT CONTRAST

CLINICAL HISTORY:  Age:  21 years . Gender:  Male.
Stated history: " RT KNEE PAIN   OSTEOCHONDRAL DEFECT  NEW INJURY
1-26-15 WITH SEVERE MEDIAL JOINT LINE PAIN  EFFUSION" Additional
history:  Several months of worsening anterior right knee pain
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Narrative

following increased walking..

COMPARISON: Radiographs of the right knee dated 01/27/2015.

TECHNIQUE: MRI of the right knee was performed with sequences including axial, coronal and sagittal fat suppressed T2-weighted, coronal T1-weighted, sagittal proton density and coronal oblique proton density sequences through the ACL. No contrast was administered.

FINDINGS:

MENISCUS
Medial: The meniscus is normal in morphology and signal.
Lateral: The meniscus is normal in morphology and signal.

LIGAMENTS
Cruciate ligaments: The anterior and posterior cruciate ligaments are normal in course, contour and signal.
Collateral ligaments: The medial collateral ligament is normal in course and contour. The lateral stabilizing structures are intact.

EXTENSOR COMPARTMENT
Tendons: The quadriceps and patellar tendons are normal in course, contour and signal.
Ligaments: The medial and lateral patellofemoral ligaments and retinacula are normal.

CARTILAGE
Medial tibiofemoral: There is a chronic-appearing osteochondral lesion involving the notch third of the central weightbearing medial femoral condyle. This measures 1.5 x 1.8 x 0.6 cm in size (AP, transverse, depth). Scattered subchondral cystic changes, measuring up to 4 mm, are present with mild surrounding marrow edema. Hypertrophic changes of the involved subchondral bone plate are noted. Scattered foci of deep chondral fissuring are noted in the overlying articular cartilage. There is no fluid extending into the defect. There is only minimal surface irregularity in the opposing weightbearing medial tibial plateau.
Lateral tibiofemoral: The cartilage surfaces are intact.
Patellofemoral: The cartilage surfaces are intact.

OSSEOUS STRUCTURES
Stable, chronic-appearing osteochondral lesion as referenced above. There is no subluxation or dislocation. No acute fracture is identified.

OTHER
Fluid: A trace joint effusion is identified. There are no intra-articular loose bodies. A prominent multiloculated ganglion cyst is present in the posterior intercondylar region, dissecting between the anterior and posterior cruciate ligaments.
Soft tissues: The surrounding soft tissues are unremarkable. The neurovascular bundle is normal.

XRAY KNEE MINIMUM 4 VIEWS RIGHT - Final result (01/27/2015 2:26 PM EST)

Impressions

IMPRESSION:
Unchanged appearance of medial femoral condyle osteochondral lesion.

My signature below is attestation that I have interpreted this/these examination(s) and agree with the findings as noted above.

Narrative

CLINICAL HISTORY:
21-year-old male with right knee pain and concern for osteochondral defect in the knee.

COMPARISON:
Right knee radiographs from earlier today.

TECHNIQUE:
4 radiographs of the right knee were obtained including AP, PA flexion, lateral, and sunrise projections.

FINDINGS:

The bony proliferative changes and articular irregularity along the notch third of the medial femoral condyle is again seen on the AP projection, representing osteochondral lesion in the anterior medial femoral condyle. The lateral and patellofemoral compartments are well-maintained. No acute fracture. Alignment is maintained. The soft tissues are unremarkable.

XRAY KNEE 2 VIEWS RIGHT - Final result (01/27/2015 3:04 AM EST)

Impressions

IMPRESSION:

Impressions

Findings concerning for an osteochondral defect along the notch surface of the medial femoral condyle. This may be further confirmed with MRI scan.

Narrative

CLINICAL HISTORY:
Knee pain.

TECHNIQUE:
An AP and lateral view of the right knee.

FINDINGS:
There is bony proliferative change along the notch surface of the medial femoral condyle. Given the patient's age, this is concerning for an osteochondral lesion. Further evaluation of the same with MRI scan might be of value. There is no fracture.

The visualized soft tissues are normal. There is no effusion.

If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.