

Document info

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Performed by:	Joseph Inzinna

KNEE MRI LT WO CON

Patient:	Juan GuerraMartinez	DOB:	Aug 17, 1986
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KNEE MRI LT WO CON

ORDERED BY: LUIS ALFREDO RODRIGUEZ, M.D.
READ BY: JOSEPH INZINNA ON: May 17 2019 2:45P
FINAL RESULT

Patient Name: GUERRAMARTINEZ, JUAN DOB:08/17/1986

PROCEDURE: LMR 4185 KNEE MRI LT WO CON

Acc #: 23807626

PROCEDURE: KNEE MRI LT WO CON

CLINICAL INDICATION:

Osteochondral lesion osteochondral lesion, left knee pain for 6months,
marathon runner

COMPARISON:

Correlation made to the previous radiographs of the left knee dated
5/9/2019.

TECHNIQUE:

Multiecho/multiplanar sequences of the knee were performed on a 1.5 Tesla
scanner.

DISCUSSION:

Osseous structures:

The osseous structures are in anatomic alignment. There is no acute
fracture or subluxation present.. No focal bone bruising or substantial
reactive marrow space edema.

Extensor mechanism:

The quadriceps and patellar tendon are intact. There is patella alta.

Cruciate ligaments:

Intact

Medial compartment:

The medial collateral ligament is intact. The medial meniscus demonstrates normal morphology. Low-grade chondral wear of both condylar and tibial components without fissuring or full-thickness defects.

Lateral compartment:

The iliotibial band, lateral collateral ligament and popliteus tendon are intact. The lateral meniscus demonstrates normal morphology. The articulating cartilage is preserved.

Patellofemoral articular cartilage:

The patella remains high within the groove without tilt and translation. Shallow morphology of the trochlea indicating dysplasia. The retinacular attachments are intact. Chondral softening and mild fissuring of the lateral patellar facet. The trochlear cartilage is preserved in thickness. Small joint effusion. No evidence of a Baker's or popliteal cyst. There is lateralization of the tibial tubercle with a TG-TT distance of approximately 21 mm. No evidence of an osteochondral defect.

Soft tissues:

Soft tissue infiltration along the superolateral margin of Hoffa's fat pad indicating patellofemoral fat pad and impingement/friction syndrome. No focal drainable collections. The prepatellar and pretibial soft tissues are unremarkable.

IMPRESSION:

1. Findings consistent with patellofemoral friction/impingement syndrome with low-grade patellofemoral chondromalacia. Additional trochlea dysplasia and patellar maltracking with increased TG-TT distance. Patella alta.
2. Small joint effusion. No acute meniscal tear or osteochondral defect.

Signed Electronically By: Dr. Joseph Inzinna - 146928 - 5/17/2019 2:50 PM

If you are a physician, to speak to a radiologist or for all your radiology needs, please call our Physician Connect line at 786-596-1444 and press 1 to speak to a radiologist.

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