

**AMI****American Medical Initiatives**

170-10 Cedarcroft Road, Jamaica, NY 11432  
Tel: 718-206-1000 | Fax: 718-532-0633

<b>PATIENT:</b>	Garcia, Victor	<b>EXAM DATE:</b>	08/21/2021 12:46 PM
<b>STUDY DESCRIPTION:</b>	MRI KNEE WITHOUT CONTRAST (JOINT)	<b>MRN:</b>	GarV46844
<b>DOB:</b>	08/26/1965	<b>REFERRING PHYSICIAN:</b>	Smith, Tara
<b>CLINICAL HISTORY:</b>	pt c/o pain left knee.	<b>GENDER</b>	M

#### MRI OF THE LEFT KNEE

**CLINICAL HISTORY:** Left knee pain, MVA.

**TECHNIQUE:** Multiplanar and multisequential MRI of the left knee was obtained.

**FINDINGS:** There is normal signal of the marrow. There is no fracture line.

There is type II hyperintense signal noted involving the posterior horn of medial meniscus. Lateral meniscus is intact. The anterior and the posterior cruciate ligaments, medial collateral ligament and lateral stabilizers are unremarkable.

The extensor mechanism is unremarkable. There is no subluxation or tilting of the patella. There is small slight thinning of patellar cartilage as well as mid trochlear cartilage, compatible with chondral injury and chondromalacia. There is no joint effusion. There is small Baker's cyst. Popliteus tendon is intact.

There is fluid noted within the pes anserine bursa, compatible with pes anserine bursitis. There is fluid noted within the semimembranosus bursa, compatible with

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semimembranosus bursitis. There is edema noted within the infrapatellar fat pad, which may indicate synovitis and/or soft tissue injury.

**IMPRESSION:**

1. Type II hyperintense signal noted involving the posterior horn of medial meniscus.
2. Patellar and trochlear chondral injury and chondromalacia.
3. Pes anserine bursitis.
4. Trace semimembranosus bursitis.

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