

**STAND-UP MRI OF THE BRONX, P.C.**

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MULTI-POSITION MRI

Accredited by the American College of Radiology

PETER NICAJ**BI1808174****Report Date: 07/08/2020****DOB: 07/01/1971****Exam Date: 07/06/2020****IMELDA CRUZ BANTING, MD****729 PELHAM PKWY N****BRONX, NY 10467****MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE WITHOUT CONTRAST****TECHNIQUE: Recumbent 1.5T:** Axial PD FS, Sagittal PD FS, Sagittal PD, Sagittal T1, Coronal PD, Coronal IR**HISTORY:** Patient complains of knee pain.**COMPARISON:** Compared with prior study dated 09/13/2018.**INTERPRETATION:** There is scarring in the inferior patellar fat pad compatible with prior arthroscopy. There is blunting along the free edge of the medial meniscus body and posterior horn likely representing partial meniscectomy. No evidence of tear. Intact lateral meniscus.

Intact ACL, PCL, MCL, and LCL.

Intact ITB, biceps femoris, popliteus, and extensor mechanism.

No articular cartilage defect.

Small knee effusion.

No medial popliteal cyst.

Intact retinacula and proximal tibiofibular articulation.

Small ganglion arising at the medial gastrocnemius origin.

PETER NICAJ

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Exam Date:

04/04/2022

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KNEE LEFT MRI 73721

- Mild patellar tendinosis.
- Small knee effusion.
- Slit-like subcentimeter ruptured medial popliteal cyst.

Sincerely,



Christian P. Annese M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

CPA/om

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4/27/22