



3620 East Tremont Ave., Suite 104
Bronx, New York 10465

Patient Name: MORAL MENDEZ, ALVARO
RDI #: 1953 AM
Study Date: 03/09/2022
Exam: MRI LT KNEE
Physician: DR IMELDA CRUZ-BANTING

AGE: 039Y (M)
DOB: 12/04/1982

FINAL REPORT

HISTORY: 039Y with knee pain.

PRIORS: none

PROTOCOL: Sagittal proton density and T2 weighted images and coronal T1 and STIR images were obtained. Additional axial fat suppressed T2 weighted images were obtained. Images were obtained on a high field MRI.

FINDINGS:

Cruciate Ligaments: The anterior and posterior cruciate ligaments are intact.

Collateral Ligaments: Sprain of the medial collateral ligament is identified. The lateral ligamentous complex is intact.

Menisci: Complex tearing of the posterior horn and body of the medial meniscus is identified. Medial subluxation of this posterior horn is identified. There is a tear within the posterior horn of the lateral meniscus.

Osseous Structures: Heterogeneous marrow signal is identified within the distal femur and proximal tibia most likely reflecting variant cellular marrow.

Incidental note is also made of a small presumed exostosis along the posterior proximal metaphysis of the fibula measuring approximately 5 mm. The osseous structures are otherwise intact.

Extensor Mechanism: The patella tendon is intact. The visualized portion of the quadriceps tendon is likewise intact. The patella retinaculæ are intact.

Sprain versus partial tear along the insertion of the semitendinosus tendon is also identified.

Joint Effusion: There is a large joint effusion present.

IMPRESSION

COMPLEX TEAR OF THE POSTERIOR HORN AND BODY OF THE MEDIAL MENISCUS WITH MEDIAL SUBLUXATION.

TEAR WITHIN THE POSTERIOR HORN OF THE LATERAL MENISCUS.

SPRAIN OF THE MEDIAL COLLATERAL LIGAMENT.

LARGE JOINT EFFUSION.

SPRAIN/PARTIAL TEARING OF THE SEMITENDINOSIS TENDON INSERTION.

INCIDENTAL NOTE IS MADE OF A PRESUMED 5 MM EXOSTOSIS ARISING FROM THE POSTERIOR PROXIMAL METAPHYSIS OF THE FIBULA

Thank you for referring this patient to us for evaluation.

Very truly yours,

MICHAEL CARLIN MD

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3/11/22
MD



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Electronically signed: 03/10/2022 08:02