

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

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MULTI-POSITION™ MRI

Accredited by the American College of Radiology

PETER NICAJ**DOB:** 07/01/1971**Exam Date:** 04/04/2022**N10007734-BI** **Report Date:** 04/06/2022**RICHARD M SELDES MD**
95 UNIVERSITY PLACE 8TH FLR
NEW YORK, NY 10003*Duplicate for
lawyer***MAGNETIC RESONANCE IMAGING SCAN OF THE LEFT KNEE WITHOUT
CONTRAST****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the recumbent position on a high-field 1.5 Tesla magnet.**HISTORY:** The patient complains of knee pain.**COMPARISON:** None.**INTERPRETATION:** Oblique tear of the posterior junctional zone and body of the medial meniscus contacting the free edge/inferior articular surface. No displacement.

Intact lateral meniscus.

Intact ACL, PCL, MCL, and LCL.

Intact ITB, biceps femoris, and popliteus.

Mild patellar tendinosis. Intact distal quadriceps.

No cartilage defect. No fracture. No OCD lesion.

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

Intact retinacula and proximal tibiofibular joint.

IMPRESSION:

- Oblique tear of the posterior junctional zone and body of the medial meniscus contacting the free edge/inferior articular surface. No displacement.

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- 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