



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

Patient Name: SANCHEZ, ONELIA
RDI #: 2554 OS
Study Date: 09/22/2021
Exam: MRI RT-KNEE
Physician: DR IMELDA CRUZ-BANTING

AGE: 080Y (F)
DOB: 03/23/1941

FINAL REPORT

HISTORY: 080Y status post motor vehicle accident 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: Diffuse abnormal signal and thickening of the anterior and posterior cruciate ligaments consistent with partial tearing is identified

Collateral Ligaments: Sprain of the medial collateral ligament is identified. There is also sprain along the fibular collateral ligament and fluid adjacent to the iliotibial band insertion upon the tibia. Underlying sprain/iliotibial bursitis is suspected.

Menisci: There is a tear within the anterior and posterior horn of the lateral meniscus cells extensive complex tearing of the posterior horn and body of the medial meniscus with medial subluxation. Tear within the anterior horn of the medial meniscus also identified

Osseous Structures: There is osteophytosis about the medial and lateral joint compartments as well as the patellofemoral compartment. Subchondral cystic change in the medial femoral condyle and medial tibial plateau is identified

Extensor Mechanism: The patella tendon is intact. The visualized portion of the quadriceps tendon is likewise intact. The patella retinaculæ are intact. Fluid also surrounds the medial gastrocnemius origin upon the femur consistent with a sprain.

Joint Effusion: There is large joint effusion present as well as popliteal cyst

IMPRESSION

DIFFUSE ABNORMAL SIGNAL AND THICKENING OF THE POSTERIOR AND ANTERIOR CRUCIATE LIGAMENT CONSISTENT WITH PARTIAL TEARING



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SPRAIN OF THE MEDIAL COLLATERAL LIGAMENT AS WELL AS SPRAIN ALONG THE FIBULAR COLLATERAL LIGAMENT AND ILIOTIBIAL BED

TEARS WITHIN THE ANTERIOR AND POSTERIOR HORN OF THE LATERAL MENISCUS AS WELL AS WITHIN THE MEDIAL MENISCUS. THERE IS MEDIAL SUBLUXATION OF THE POSTERIOR HORN OF THE MEDIAL MENISCUS

OSTEOPHYTOSIS AS DESCRIBED. SUBCHONDRAL CYSTIC CHANGE IN THE MEDIAL FEMORAL CONDYLE AND MEDIAL TIBIAL PLATEAU IS ALSO NOTED

A SPRAIN OF THE MEDIAL HEAD OF THE GASTROCNEMIUS MUSCLE.

LARGE JOINT EFFUSION AND POPLITEAL CYST

FLUID SURROUNDING THE MEDIAL HEAD OF THE GASTROCNEMIUS MUSCLE ORIGIN UPON THE FEMUR CONSISTENT WITH SPRAIN

Thank you for referring this patient to us for evaluation.

Very truly yours,

MICHAEL CARLIN MD
Electronically signed: 09/22/2021 14:47

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9/24/21