

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

Patient Name: ALESSANDROMICHAEL

AGE: 052Y (M)

RDI#:

6946 MA

DOB: 08/19/1969

Study Date:

06/03/2022

MRLLT KNEE

Exam: Physician:

DR IMELDA CRUZ-BANTING

FINAL REPORT

HISTORY: 052Y status post injury withleft knee pain

PRIORS: none

PROTOCOL: Sagittal proton density and T2 weighted images and coronal T1 and ST1R images were obtained. Additional axial fat suppressed T2 weighted images were obtained. Images were obtained on a high field MRI.

#### FINDINGS:

Cruciate Ligaments:Intrasubstance tear within the inferior aspect of the anterior cruciate ligament is identified. The posterior cruciate ligament is intact.

Colateral Ligaments: Sprain and intrasubstance to ar of the medial collateral ligament is identified. There is no evidence disruption. The lateral ligamentous complex is intact.

Menisci: A vertical tear within the posterior lateral meniscus is identified. Tear within the posterior horn and body of the medial meniscus

Osseous Structures: Cystic change within the patellar facets consistent with chondromalacia patella is identified. 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 retinaculae are intact,

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

#### IMPRESSION

VERTICAL TEAR IN THE POSTERIOR LATERAL MENISCUS AS WELL AS TEAR WITHIN THE POSTERIOR HORN AND BODY OF THE MEDIAL MENISCUS.

INTRASUBSTANCE TEAR ALONG THE INFERIOR ASPECT OF THE ANTERIOR CRUCIATE LIGAMENT.

SPRAIN AND INTRASUBSTANCE TEAR OF THE MEDIAL COLLATERAL LIGAMENT

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## CHONDROMALACIA PATELLA.

# JOINT EFFUSION AND POPLITEAL CYST

Thank you for referring this patient to us for evaluation.

Very truly yours,

MICHAEL CARLIN MD

Electronically signed: 06/06/2022 08:25

6/10/22