



Westchester Radiology & Imaging, PC

933 Saw Mill River Road

Ardsley, NY 10502

Phone: 914-740-1188 Fax: 914-478-0303

PATIENT: FERREIRA WILLIAM
DOB: 12/13/1999
PHYSICIAN: DR. SIKEND
EXAM DATE: 12/23/2021

MRI OF THE LEFT KNEE

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the left knee were obtained in the axial, sagittal and coronal planes without intravenous contrast.

FINDINGS: There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the distal femur, proximal tibia, fibula and the patella. The patellar retinacular are intact. The distal quadriceps tendon, the patellar tendon, the fibular collateral ligaments and the iliotibial band are intact. The ACL and PCL are intact.

The adjacent musculature is intact without strains, edema, atrophy or fatty infiltration. There are no masses or fluid collections.

There is horizontal tear in the posterior horn of the lateral meniscus. There is intrameniscal tear in the posterior horn of the medial meniscus. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. There is increased T2 signal within superolateral Hoffa's fat pad, consistent with impingement/recent trauma, in an appropriate clinical setting.

IMPRESSION:

1. Horizontal tear in the posterior horn of the lateral meniscus.
2. Intrameniscal tear in the posterior horn of the medial meniscus.
3. Increased T2 signal within superolateral Hoffa's fat pad, consistent with impingement/recent trauma, in an appropriate clinical setting.
4. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed