



Community Medical Imaging

ACR Accredited Facility
159-16 Union Tpke • Fresh Meadows, NY 11366
Tel: 718-275-1010 • Fax: 718-591-3300

PERVAIZ QURESHI, M.D.
79-09 B NORTHERN BLVD
JACKSON HEIGHTS, NY 11372

PATIENT: MANUEL GREGORIO BATISTA
DOB: 05/19/1981
DOS: 04/08/2022
CHART #: 24831
EXAM: MRI OF THE LEFT KNEE WITHOUT CONTRAST

HISTORY: Pain.

TECHNIQUE: Multiplanar MR imaging of the left knee was performed without contrast on Hitachi open MRI unit.

Coronal PD, T2 and STIR; Sagittal PD and PD fat suppressed; axial T2 and T2 fat suppressed of the knee were obtained.

COMPARISON: None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

FINDINGS: The PCL is unremarkable. There is no change in caliber. There is slight disorganization at the fibers of the proximal ACL. There is no attenuation. The menisci are intact.

The patellofemoral compartment is unremarkable. There is no chondromalacia. There is no evidence of tracking abnormality. The retinacula are unremarkable.

The medial collateral ligament is unremarkable. There is no tear of the lateral collateral ligament.

The quadriceps and patellar tendons are intact.

There is no bone bruise. There is no fracture. There is no osteochondral defect.

Minimal joint fluid is seen. Hoffa's fat pad is unremarkable.

There is no muscular injury.

There are no incidental findings.



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A Baker's cyst is noted posteriorly measuring up to 16 mm. There is minimal fluid adjacent to the semimembranosus and semitendinosus tendons. A moderate pes anserine bursitis is considered.

IMPRESSION:

1. AN INTERSTITIAL TEAR OF THE ACL IS SEEN, AS NOTED. THERE IS NO ATTENUATION.
2. SMALL JOINT EFFUSION IS SEEN WITHOUT EVIDENCE OF A LOOSE BODY.
3. VARICOSITIES ARE SEEN MEDIALY AND LATERALLY.
4. A MILD PES ANSERINE BURISITIS IS NOTED.

Thank you for referring this patient to us.

Andrew McDonnell, MD
Neuroradiologist
Diplomate, American Board of Radiology
AM/man/pr D: 04/10/2022

E-Sig By A. McDonnell, MD on 04/11/2022 06:55:22