

SKY RADIOLOGY

PATIENT NAME	HANSON, KEVIN
D.O.B.	08/14/1981
PATIENT #	1031
DATE OF SERVICE	7/26/2022 6:22:18 PM
REF. PHYSICIAN	RYBSTEIN, MARC MD

MRI OF THE RIGHT KNEE WITHOUT CONTRAST

INDICATION: Right knee pain

COMPARISON: No prior studies were available for comparison at the time of dictation.

TECHNIQUE: T1, T2, and PD axial, coronal, and sagittal sequences without intravenous contrast.

FINDINGS:

Osseous structures and cartilage:

- No evidence of fracture or suspicious lesions. Marrow signal preserved.
- Cartilage over femorotibial, patellofemoral joints are maintained without prominent fibrillation or flap. No evidence of osteochondral injury.

Menisci: There is intrasubstance increased signal in the far peripheral aspect of the posterior horn lateral meniscus suspicious for a somewhat more vertical pattern type of tear with surface irregularity, and with an associated approximate 7.7 x 19.6 x 13.0 mm small loculated effusion versus peri-meniscal cyst. Series 6 image 7, series 7 image 18. No meniscocapsular separation. No meniscal cyst.

Anterior cruciate ligament: ACL demonstrates broad interstitial increased signal in the mid and distal segments with subtle areas of both dorsal and undersurface irregularity near the tibial attachment series 4 image 11.

Posterior cruciate ligament: Intact

Mediocolateral ligament: Normal

The lateral collateral ligament/posterolateral corner complex: Iliotibial band, lateral (fibular) collateral ligament, biceps femoris, and conjoined tendons intact. Popliteus tendon and muscle are normal. Remaining visualized posterolateral corner structures are without significant abnormality.

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210-12 NORTHERN BLVD, BAYSIDE, NY 11361 * TEL 718-224-8800 * FAX 718-224-8822

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Quadriceps and patellar tendons: Intact. No patellar tilt or subluxation. Patellofemoral ligaments are intact.

Joint spaces: Anatomically aligned. No loose bodies. No significant effusion.

Extra articular soft tissues: Visualized muscle signal is normal. No suspicious fluid collection.

IMPRESSION:

1. There is intrasubstance increased signal in the far peripheral aspect of the posterior horn lateral meniscus suspicious for a somewhat more vertical pattern type of tear with surface irregularity, and with an associated approximate 7.7 x 19.6 x 13.0 mm small loculated effusion versus peri-meniscal cyst. Series 6 image 7, series 7 image 18.

2. Minimal central femoral tibial effusion with ACL findings mostly compatible with intrasubstance degeneration; however there are subtle areas of both dorsal and undersurface irregularity at the tibial attachment, and a concomitant tear cannot be excluded.

-Recommend close clinical follow-up and if needed a short interval repeat MRI of the right knee in 3 months, however if there are worsening symptoms arthroscopy should be considered at this time.

Thank you for this kind referral of this patient.

B.V. Reddy MD

B.V. Reddy M.D.
Diagnostic Radiologist and Nuclear Medicine Physician
Diplomat of ABNM and ABR
MRI and Breast Imaging Specialist

Electronically Signed by REDDY, B.V. MD DR. at 8/2/2022 2:42:55 PM

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