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<b>PATIENT NAME:</b>	<b>LUCY QUEZADA</b>
<b>REFERRING PHYSICIAN:</b>	<b>JORDAN FERSEL</b>
<b>SERVICE:</b>	<b>MRI LEFT KNEE</b>
<b>DATE OF SERVICE:</b>	<b>10/12/2022</b>

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**MRI SCAN OF THE LEFT KNEE****HISTORY:** History of MVA.**TECHNIQUE:** Non-contrast MRI of the left knee was performed utilizing multiplanar and multisequence acquisition. The study is limited due to the patient's body habitus.**FINDINGS:**

There is joint fluid compatible with synovitis. There is no evidence of popliteal cyst formation or muscular tear. There is no evidence of fracture, dislocation, or bone marrow abnormalities to be suspicious for bone contusions, stress fractures, or acute trabecular microfractures.

There is increased signal and swelling of the ACL. There is no buckling of the normal PCL. There is no evidence of osseous translation. In the given clinical setting, the findings are compatible with an ACL Grade I sprain.

The medial and lateral collateral ligament complexes are intact. The popliteal and quadriceps tendons and the patellar ligament are unremarkable. The patellar retinacula are intact.

The medial and lateral meniscal structures are intact. There is no evidence of a meniscal tear.

**IMPRESSION:**

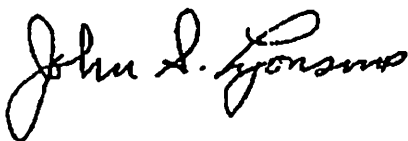
**Presence of joint fluid compatible with synovitis.**

**Increased signal and swelling of the ACL compatible with an ACL Grade I sprain.**

**The meniscal structures are intact.**

**Limited study secondary to the patient's body habitus.**

Thank you for the courtesy of this consultation.



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John Lyons, M.D.

Radiologist