

Community Medical Imaging

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

BHARGAV PATEL, M.D. 79-09 B NORTHERN BLVD JACKSON HEIGHTS, NY 11372

PATIENT: LOUIS EDNER MAINGRETTE

DOB: 07/25/1984 DOS: 07/26/2022 CHART #: 25347

EXAM: MRI OF THE LEFT KNEE WITHOUT CONTRAST

HISTORY: Lateral posterior pain, difficulty straightening leg.

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 patellofemoral compartment shows slight thinning of the cartilage. There is no chondromalacia. There is no evidence of a tracking abnormality.

The quadriceps tendon is intact. There is a contusion over the proximal patellar tendon.

The lateral collateral ligament is unremarkable. There is a grade I injury of the medial collateral ligament.

There is no osteochondral defect. There is no fracture.

The lateral meniscus is unremarkable. A horizontal tear exiting inferiorly is seen at the posterior body of the medial meniscus.

The PCL is unremarkable.

There is slight disorganization of the fibers of the ACL diffusely greatest at the middle third.

There is no Baker's cyst.

There is no hematoma or seroma.



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PAGE 2

IMPRESSION:

1. A HORIZONTAL TEAR EXITING INFERIORLY IS NOTED AT THE POSTERIOR BODY OF THE MEDIAL MENISCUS, AS DESCRIBED.

2. A MILD-TO-MODERATE INTERSTITIAL TEAR OF THE ACL IS SEEN WITHOUT EVIDENCE OF ATTENUATION.

Thank you for referring this patient to us.

Andrew McDonnell, MD

Neuroradiologist

Diplomate, American Board of Radiology

AM/man/pr D: 07/26/2022

E-Sig By A. McDonnell, MD on 07/27/2022 06:45:07