

**AMI****American Medical Initiatives**

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<b>PATIENT:</b>	DERBY, ISSA	<b>EXAM DATE:</b>	04/25/2022 3:55 PM
<b>STUDY DESCRIPTION:</b>	MRI KNEE WITHOUT CONTRAST (JOINT)	<b>MRN:</b>	DER164895
<b>DOB:</b>	11/06/1961	<b>REFERRING PHYSICIAN:</b>	Mcgee, John J
<b>CLINICAL HISTORY</b>	C/O PAIN DUE TO MVA	<b>GENDER</b>	F

**MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE WITHOUT IV CONTRAST**

**HISTORY:** Complains of pain due to motor vehicle accident.

**TECHNIQUE:** Multiplanar, multi-sequence MRI of the left knee was performed without intravenous contrast.

**COMPARISON:** None available.

**FINDINGS:**

**OSSEOUS STRUCTURES/MARROW:** Bone contusions of the articular margins of the medial tibiofemoral and patellofemoral compartments noted.

**LIGAMENTS:**

**ANTERIOR CRUCIATE:** There is hyperintense PD signal about the anterior cruciate ligament consistent with sprain sequelae.

**POSTERIOR CRUCIATE:** The posterior cruciate ligament is intact.

**MEDIAL COLLATERAL LIGAMENT:** The medial collateral ligament is intact.

**LATERAL COLLATERAL LIGAMENT:** The lateral collateral ligament is intact.

**JOINT SPACES:**

**MEDIAL COMPARTMENT:** There is chondral thinning on both sides of the medial compartment with small marginal osteophytes. A horizontal tear of the body and posterior horn of the medial meniscus noted.

**LATERAL COMPARTMENT:** There is chondral thinning on both sides of the lateral compartment with small marginal osteophytes.

**PATELLOFEMORAL COMPARTMENT:** There is focal full-thickness chondral loss of the

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patellofemoral compartment with subchondral cystic change/marrow edema signal at the medial trochlear sulcus.

**SYNOVIUM/ JOINT FLUID:** There is no joint effusion.

**MUSCLES:** No muscle edema or fatty muscle atrophy.

**NEUROVASCULAR STRUCTURES:** Normal in course and caliber.

**EXTENSOR MECHANISM:** The quadriceps tendon is intact. The patellar tendon is intact.

**PERIPHERAL SOFT TISSUES:** Normal.

**PLICAE:** No plicae demonstrated.

**IMPRESSION:**

1. Tricompartmental osteoarthritic changes of knee.
2. Horizontal tear of the body and posterior horn of the medial meniscus.
3. Bone contusions of the articular margins of the medial tibiofemoral and patellofemoral compartments noted.
4. Anterior cruciate ligament sprain sequelae.

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