

SKY RADIOLOGY

PATIENT NAME	PEREZ, WILSON
D.O.B.	11/05/1999
PATIENT #	1799
DATE OF SERVICE	10/04/2022
REF. PHYSICIAN	KOPACH, ALEXANDR MD

MRI OF THE LEFT KNEE WITHOUT CONTRAST

INDICATION: Left 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: No evidence of fracture or suspicious lesions. Marrow signal preserved.

Menisci intact. No meniscocapsular separation. No meniscal cyst.

Broad intrasubstance increased signal throughout the distal ACL more compatible with an interstitial tear splaying anteromedial and post lateral bundle fibers and with more dorsal surface irregularity. Series 4 image 10. PCL is intact. MCL is intact. Lateral (fibular) collateral ligament is intact. Conjoined tendon is intact. Popliteus tendon is normal.

Patellar tendon is intact. Quadriceps tendon is intact. No patellar tilt or subluxation. Patellofemoral ligaments are intact.

Intact articular cartilage.

No popliteal cyst. No intra-articular loose body. Visualized muscle signal is normal.

IMPRESSION:

Broad intrasubstance increased signal throughout the distal ACL more compatible with an interstitial tear splaying anteromedial and post lateral bundle fibers and with more dorsal surface irregularity.

SKY RADIOLOGY P.C.
210-12 NORTHERN BLVD, BAYSIDE, NY 11361 * TEL 718-224-8800 * FAX 718-224-8822

SKY RADIOLOGY

PATIENT NAME	PEREZ, WILSON
D.O.B.	11/05/1999
PATIENT #	1799
DATE OF SERVICE	10/04/2022
REF. PHYSICIAN	KOPACH, ALEXANDR MD

-Recommend close clinical follow-up and if needed a short interval repeat MRI of the left knee in 3 months to exclude further evolution into a full-thickness tear and possible detachment.

-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 10/11/2022 3:42:22 PM

SKY RADIOLOGY P.C.
210-12 NORTHERN BLVD, BAYSIDE, NY 11361 * TEL 718-224-8800 * FAX 718-224-8822