



---

1963 Grand Concourse, LL, Bronx, NY 10453  
Tel: (718) 466-6400 Fax: (718) 466-4900  
www.citimedny.com

---

**PATIENT NAME:** CALDERON, MARIA  
**DATE OF BIRTH:** 10/20/1942  
**MRN #:** BR48338  
**DATE OF SERVICE:** 09/27/2022 01:28:37 PM  
**REFERRING PHYSICIAN:** COLIN CLARKE, MD

**MRI EXAM OF THE LEFT KNEE WITHOUT CONTRAST**

**INDICATION:** PAIN. Left knee pain.

**TECHNIQUE:** MRI exam of the left knee was performed in sagittal, coronal and axial planes using T1 and T2-weighted sequences.

**COMPARISON:** There are no prior exams for comparison.

**FINDINGS:** The left knee is intact. There is no fracture. There are bone bruises in the medial femoral condyle and medial tibial plateau. There is bone bruise in the patella.


There is a nondisplaced tear of the posterior horn of the medial meniscus. The lateral meniscus is intact. Anterior and posterior cruciate ligaments are maintained. There is a tear of the femoral attachment of the medial collateral ligament with associated soft tissue swelling. The lateral collateral ligament is preserved.

The patellar and quadriceps tendons are intact. There is narrowing of the patellofemoral joint with irregularity of the articular margins consistent with chondromalacia patella. There is a knee effusion. There is prepatellar and pretibial bursitis.

**IMPRESSION:**

1. Bone bruises in the medial femoral condyle and medial tibial plateau, and in the patella; no fracture.
2. Nondisplaced tear of the posterior horn of the medial meniscus.
3. Tear of the medial collateral ligament.
4. Chondromalacia patella.
5. Effusion.
6. Prepatellar and pretibial bursitis.

Thank you for the opportunity to participate in the care of this patient.

  
STEPHEN P. TODER, M.D.  
Board Certified Diagnostic Radiologist

Signed by STEPHEN P. TODER, MD at 10/04/2022 02:39:07 PM



---

1963 Grand Concourse, LL, Bronx, NY 10453  
Tel: (718) 466-6400 Fax: (718) 466-4900  
[www.citimedny.com](http://www.citimedny.com)

---

<b>PATIENT NAME:</b>	<b>CALDERON, MARIA</b>
<b>DATE OF BIRTH:</b>	<b>10/20/1942</b>
<b>MRN #:</b>	<b>BR48338</b>
<b>DATE OF SERVICE:</b>	<b>09/27/2022 01:28:37 PM</b>
<b>REFERRING PHYSICIAN:</b>	<b>COLIN CLARKE, MD</b>