

MEDICAL MRI PC

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PATIENT NAME:	EVELYN CAJAS
REFERRING PHYSICIAN:	GAETAN J.MARIE
SERVICE:	MRI RIGHT KNEE
DATE OF SERVICE:	04/20/2022

MRI SCAN OF THE RIGHT KNEE

CLINICAL HISTORY: Pain.

Routine non-contrast MRI images of the right knee were obtained. Prior imaging correlation is not available. The study is limited due to motion artifact.

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 joint fluid compatible with synovitis. A large dissecting popliteal cyst is demonstrated. There is a small ganglion cyst along the anterior surface of the medial gastrocnemius muscle. The muscle, fat, and fascial planes are otherwise unremarkable. There is no evidence of muscular tear.

The anterior and posterior cruciate ligaments as well as 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.

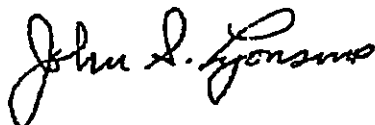
A single coronal/sagittal image demonstrates a linear hyperintense signal extending to the superior articular surface of the posteromedial meniscal horn. Since the finding is only seen on a single image, this is compatible with a Grade 2B signal. Clinical confirmation of a posteromedial meniscal tear is requested. The meniscal structures are otherwise intact. No other meniscal tears are suspected.

IMPRESSION:

POSTEROMEDIAL MENISCAL GRADE 2B SIGNAL AS DISCUSSED IN THE BODY OF THE REPORT. CLINICAL CONFIRMATION OF A POSTEROMEDIAL MENISCAL TEAR IS REQUESTED.

PRESENCE OF JOINT FLUID COMPATIBLE WITH SYNOVITIS, A LARGE DISSECTING, POPLITEAL CYST, AND A SMALL GANGLION CYST ALONG THE ANTERIOR SURFACE OF THE MEDIAL GASTROCNEMIUS MUSCLE.

Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist