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FABIOLA POUPONNEAU **N10123857-BE** **Report Date:** 09/12/2022
DOB: 07/24/1982
Exam Date: 09/11/2022

OMAR AHMED MD
1201 NOSTRAND AVE
BROOKLYN, NY 11225

MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 20 degree tilt position.

HISTORY: The patient complains of left knee pain with difficulty walking.

INTERPRETATION: There is lateral patellar subluxation. There is synovial fluid accumulating medially and laterally at the level of the patellofemoral articulation. There is distal patellar and distal quadriceps tendinosis/tendinopathy.

There is a peripheral obliquely oriented tear involving the medial meniscal posterior horn intersecting the inferior meniscal surface of the junction of the middle and peripheral third of the meniscus. There is also free edge truncation and radial tearing involving the medial meniscal body which its remnant is almost completely extruded outside the confines of the medial tibiofemoral joint compartment where there is medial tibiofemoral joint space narrowing.

There is thickening and sprain of the medial collateral ligament at its femoral attachment site.

There is also radial tearing involving the lateral meniscal body which its remnant is almost completely extruded outside the lateral tibiofemoral joint compartment. There is central type I signal alteration in the posterior horn and body-posterior horn junction of the lateral meniscus.

There is insertional strain of the iliotibial band.

There is a paucity of fluid in the medial gastrocnemius-semimembranosus bursa.

There is variant marrow pattern involving the distal femur which is not an uncommon finding in overweight females.

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Osseous signal and morphology are otherwise unremarkable. The lateral collateral ligament, the anterior and posterior cruciate ligaments, are otherwise unremarkable.

IMPRESSION:

- Lateral patellar subluxation.
- Synovial fluid accumulating medially and laterally at the level of the patellofemoral articulation.
- Distal patellar and distal quadriceps tendinosis/tendinopathy.
- Peripheral obliquely oriented tear involving the medial meniscal posterior horn intersecting the inferior meniscal surface of the junction of the middle and peripheral third of the meniscus. There is also free edge truncation and radial tearing involving the medial meniscal body which its remnant is almost completely extruded outside the confines of the medial tibiofemoral joint compartment where there is medial tibiofemoral joint space narrowing.
- Thickening and sprain of the medial collateral ligament at its femoral attachment site.
- Radial tearing involving the lateral meniscal body which its remnant is almost completely extruded outside the lateral tibiofemoral joint compartment. There is central type I signal alteration in the posterior horn and body-posterior horn junction of the lateral meniscus.
- Insertional strain of the iliotibial band.
- Paucity of fluid in the medial gastrocnemius-semimembranosus bursa.

Thank you for referring your patient to us for evaluation.

Sincerely,

Steven Winter, M.D.
Diplomate of the American Board of Radiology
Fellowship Trained in Musculoskeletal Radiology
SW/BC