

COMMUNITY MEDICAL IMAGING

OF BROOKLYN

ACR Accredited Facility

2102 Ave Z • Brooklyn, NY 11235 • Tel: 718-455-4444 • Fax: 718-615-2121

AJOY K. SINHA, M.D.
1314 CONEY ISLAND AVE
BROOKLYN, NY 11230

PATIENT: JULIO C. VELASQUEZ
DOB: 07/10/1983
DOS: 03/09/2022
CHART #: 24529
EXAM: MRI OF THE LEFT KNEE WITHOUT CONTRAST

HISTORY: Sharp knee pain.

COMPARISON: None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

TECHNIQUE: Multiplanar MR imaging of the left knee was performed without contrast on Hitachi open MRI unit.

Coronal PD, T2 and STIR; Sagittal PD and PD fat suppressed; axial T2 and T2 fat suppressed of the knee were obtained.

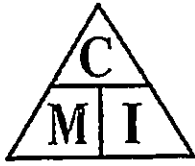
FINDINGS: The patellofemoral compartment is unremarkable. There is no chondromalacia. There is no tracking abnormality. Quadriceps and patellar tendons are intact. Mild tendinopathy changes are seen proximally at the patellar tendon. There is a prominent contusion over the patellar tendon and extending medially and laterally. Medial collateral ligament is unremarkable. There is a grade I injury of the lateral collateral ligament.

There is subchondral prominent edematous change and flattening of the cortex posteriorly at the lateral femoral condyle. An acute impaction fracture is considered with considerable surrounding bone bruising, this is seen on image #4 of series #8.

PCL is unremarkable. There is no change in caliber. There is mild diffuse disorganization of the fibers of the ACL.

The medial meniscus appears intact. There is generalized attenuation of the lateral meniscus particularly posteriorly. Complex tear with horizontal and vertical components is seen extending from the anterior horn to the posterior horn. Tear is likely partially folded at the posterior body and posterior horn. Chondral thinning and irregularity is seen posteriorly over the lateral femoral condyle.

There is no muscular injury.



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There is no Baker's cyst.

IMPRESSION:

1. PROMINENT BONE BRUISE AND SUBCHONDRAL IMPACTION IS SEEN POSTERIORLY AT THE LATERAL FEMORAL CONDYLE, AS NOTED. THERE IS FLATTENING OF THE CORTEX WITH MODERATE CONTOUR DEFORMITY POSTERIORLY.
2. COMPLEX TEAR OF THE LATERAL MENISCUS IS SEEN FROM THE ANTERIOR HORN TO THE POSTERIOR HORN, AS DESCRIBED. THE TEAR IS LIKELY FOLDED AT THE POSTERIOR BODY AND POSTERIOR HORN.
3. A MILD INTERSTITIAL TEAR OF THE ACL IS SEEN, AS NOTED.
4. THERE IS A VERY PROMINENT SOFT TISSUE CONTUSION OVER THE PATELLAR TENDON EXTENDING MEDIALY AND LATERALLY. TENDINOPATHY CHANGES ARE SEEN PROXIMALLY AT THE PATELLAR TENDON.
5. GRADE I INJURY OF THE LATERAL COLLATERAL LIGAMENT IS SEEN.

Thank you for referring this patient to us.

Andrew McDonnell, MD

Neuroradiologist

Diplomate, American Board of Radiology

AM/man/pr D: 03/09/2022

E-Sig By A. McDonnell, MD on 03/10/2022 06:51:18