

PATIENT NAME: HAMILTON SHADEA
REFERRING PHYSICIAN: DR. NASSER

DOB: 02/27/1987
DOS: 10/18/2022

MRI OF THE RIGHT KNEE

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the right knee were obtained in the axial, sagittal and coronal planes without intravenous contrast.

FINDINGS: There are no acute fractures, dislocations, or marrow infiltration in the distal femur, proximal tibia, fibula and the patella. The patellar retinacula are intact. The distal quadriceps tendon, the patellar tendon, the lateral collateral, the fibular collateral ligaments and the iliotibial band are intact. The ACL and the PCL are intact. The lateral meniscus is intact. There are no masses or fluid collections. The adjacent musculature is intact without strains, edema, atrophy or fatty infiltration.

There is an oblique tear in the posterior horn of the medial meniscus. There is a 5.0 mm erosive/osteochondral lesion on the anterior articular surface of the lateral femoral condyle. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

IMPRESSION:

1. Oblique tear in the posterior horn of the medial meniscus.
2. 5.0 mm erosive/osteochondral lesion on the anterior articular surface of the lateral femoral condyle.
3. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.
4. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

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Board Certified Radiologist
Electronically Signed