

STAND-UP MRI OF MANHATTAN, P.C.

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STAND-UP MRI ... 3T MRI

JODY SIMMONS

N10132075-

Report Date: 10/03/2022

ME

DOB:

Exam Date:

09/19/1957 10/03/2022

CLARKE, COLIN MD 2598 THIRD AVENUE **BRONX, NY 10454**

MAGNETIC RESONANCE IMAGING SCAN OF THE RIGHT KNEE

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

HISTORY: The patient complains of right knee pain.

INTERPRETATION: There is patellofemoral joint space narrowing with diffuse chondral surface thinning of the medial patellofemoral articular surfaces extending to the midline of the trochlear groove as well as midline ridge of the patella. There is a paucity of patellofemoral synovial fluid and anterior tibiofemoral synovial fluid. There is edema in the prepatellar subcutaneous tissues and there is distal patellar tendinosis/tendinopathy. There is chondral surface erosion involving the lateral femoral condyle involving its posterior and posteromedial weightbearing portion extending superiorly to involve its posterior non-weightbearing portion. There is cortical erosion and subcortical reactive bone marrow edema, particularly involving the most medial 1.5 cm of the weightbearing lateral femoral condyle.

There is focal thinning of the chondral surface of the medial femoral condyle at its central to slightly medial weightbearing portion and there is thinning of the medial tibiofemoral joint compartment. There is thickening and sprain of the medial collateral ligament. There is a focal peripheral tear involving the body-posterior horn junction of the medial meniscus at its inferior capsule attachment site, located posteromedially. There is anterior and posterior cruciate ligament strain.

Osseous signal and morphology are, otherwise, unremarkable. The lateral meniscus, lateral collateral ligament, and quadriceps tendon are, otherwise, unremarkable.

IMPRESSION:

Patellofemoral joint space narrowing with diffuse chondral surface thinning of the medial patellofemoral articular surfaces extending to the midline of the trochlear groove as well as midline ridge of the patella. Paucity of patellofemoral synovial fluid and anterior

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tibiofemoral synovial fluid. Edema in the prepatellar subcutaneous tissues and distal patellar tendinosis/tendinopathy.

- Chondral surface erosion involving the lateral femoral condyle involving its posterior and
 posteromedial weightbearing portion extending superiorly to involve its posterior nonweightbearing portion. Cortical erosion and subcortical reactive bone marrow edema,
 particularly involving the most medial 1.5 cm of the weightbearing lateral femoral
 condyle.
- Focal thinning of the chondral surface of the medial femoral condyle at its central to slightly medial weightbearing portion and thinning of the medial tibiofemoral joint compartment.
- Thickening and sprain of the medial collateral ligament. Focal peripheral tear involving the body-posterior hom junction of the medial meniscus at its inferior capsule attachment site, located posteromedially.
- Anterior and posterior cruciate ligament strain.

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/RM