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**PATIENT NAME:** DREW DAVONE  
**REFERRING PHYSICIAN:** ALEKSANDR KOPACH  
**SERVICE:** MRI RIGHT KNEE  
**DATE OF SERVICE:** 06/09/2022

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**MRI SCAN OF THE RIGHT KNEE**

**HISTORY:** History of MVA.

**TECHNIQUE:** Non-contrast MRI of the right knee was performed utilizing multiplanar and multisequence acquisition.

**FINDINGS:**

All of the cortices are intact. There is marrow edema in the posterior non-weight bearing lateral plateau. In the given clinical setting, the finding is compatible with bone contusion and trabecular microfractures. No other marrow abnormalities, fractures, or dislocations are demonstrated. There is joint fluid compatible with synovitis. There is no evidence of popliteal cyst formation or muscular tear.

There is a 2mm wide, 8mm long hyperintense focus in the ACL, approximately 16mm from its tibial attachment. There is no buckling of the normal PCL. There is no evidence of osseous translation. The findings are compatible with ACL partial tear. Clinical confirmation is requested.

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.

The medial and lateral meniscal structures are intact. There is no evidence of a meniscal tear.

**IMPRESSION:**

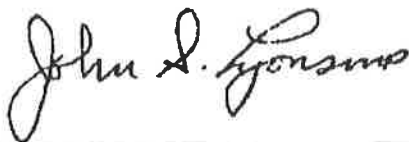
**Marrow edema in the posterior non-weight bearing lateral plateau compatible with bone contusion and trabecular microfractures.**

**Presence of joint fluid compatible with synovitis.**

**ACL partial tear as described above.**

**The meniscal structures are intact.**

Thank you for the courtesy of this consultation.



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John Lyons, M.D.

Radiologist