

Highline Radiology

138-21 Queens Blvd. Briarwood, NY 11435

Tel: 718-480-1250 Fax: 718-480-6720

RodH5911

To: Davis, Gordon Patient Name: Rodriguez, Hector

Exam: MRI LEFT KNEE DOB: 11/14/1954

Exam Date: 07/21/2022 9:30 AM Gender: M

MRN:

LEFT KNEE MRI WITHOUT CONTRAST

HISTORY: Left knee pain status post motor vehicle accident

TECHNIQUE: Multiplanar, multi-sequence MRI of the left knee was obtained without

intravenous contrast.

Accession: 28410

COMPARISON: None available.

FINDINGS:

LIGAMENTS: The cruciate and collateral ligaments are intact.

MEDIAL COMPARTMENT: There is a complex tear at the posterior horn and body of medial meniscus with a displaced meniscal flap interposed between the posterior horn/root attachment and the medial femoral condyle. There is focal reactive subchondral marrow edema signal at the medial corner of the medial tibial plateau. There is edema within the posterior medial meniscocapsular junction consistent with meniscocapsular junction sprain/separation. Intact articular cartilage.

LATERAL COMPARTMENT: Intact lateral meniscus and articular cartilage.

PATELLOFEMORAL COMPARTMENT: Intact articular cartilage.

MARROW: Normal marrow signal.

SYNOVIUM JOINT FLUID: There is a joint effusion. There is a small popliteal cyst. There is loculated fluid/ganglion cyst formation within the popliteus tendon sheath.

MUSCLES: No muscle edema or fatty muscle atrophy.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

EXTENSOR MECHANISM: The quadriceps tendon is intact. The patella tendon is preserved.

PERIPHERAL SOFT TISSUES: There is edema/inflammatory change within Hoffa fat.

IMPRESSION:

Complex tear at the posterior horn and body of medial meniscus with a displaced meniscal flap interposed between the posterior horn / root attachment and the medial femoral condyle. Edema



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within the posterior medial meniscocapsular junction consistent with meniscocapsular junction sprain / separation. Focal reactive subchondral marrow edema signal at the medial corner of the medial tibial plateau.

Joint effusion with a small popliteal cyst. Loculated fluid / ganglion cyst formation within the popliteus tendon sheath.

Edema / inflammatory change within Hoffa fat.

Electronically Signed by: Borukhov, David MD on 07/21/2022 2:57 PM