

PATIENT NAME: ERSKINE JOSEPH HARRIET
REFERRING PHYSICIAN: DR. FITZGERALD

DOB: 10/09/1968
DOS: 09/10/2022

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, and fibula. 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, atrophy or fatty infiltration.

There is complex tear of the posterior horn/body of the medial meniscus. There are several subcentimeter erosive/osteochondral lesions on the patellar articular surface. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. There are moderate osteoarthritic changes in the patellofemoral compartment and mild osteoarthritic changes in the lateral and medial compartment. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

IMPRESSION:

1. Complex tear of the posterior horn/body of the medial meniscus.
2. Several subcentimeter erosive/osteochondral lesions on the patellar articular surface.
3. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.
4. Moderate osteoarthritic changes in the patellofemoral compartment and mild osteoarthritic changes in the lateral and medial compartment.
5. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed