STAR MEDICAL IMAGING PC

141 E. Merrick Road Valley Stream, NY, 11580
Phone:(516) 604-0707 Fax:(516) 399-1100

PATIENT NAME:	**DARRYL W VIVAS**
REFERRING PHYSICIAN:	**COLLIN CLARKE**
SERVICE:	**MRI RIGHT KNEE**
DATE OF SERVICE:	**10/25/2022**

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. The study is limited due to technical factors.

FINDINGS:

There is no evidence of fracture, dislocation, or bone marrow abnormalities to be suspicious for bone contusions, stress fractures, or acute trabecular microfractures. There is joint fluid compatible with synovitis. There is no evidence of popliteal cyst formation or muscular tear.

The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes appear intact.

The popliteal and quadriceps tendons and the patellar ligament are unremarkable. The patellar retinacula are intact.

A single image demonstrates a linear hyperintense signal extending to the inferior articular surface of the posteromedial meniscal horn. Since the finding is only seen on a single image, this is consistent with a Grade 2B signal (from the literature, 50% are positive for tears) and compatible with a posteromedial meniscal tear.

The medial and lateral meniscal structures are otherwise intact. No other meniscal tears are suspected.

IMPRESSION:

Presence of joint fluid compatible with synovitis.

Posteromedial meniscal tear as discussed in the body of the report.

The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes appear intact.

Technically limited study. If clinically warranted, a repeat MRI scan should be ordered for further evaluation.

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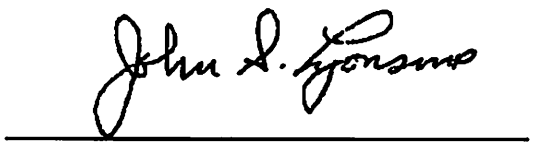
Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist