

New York Medical & Diagnostic Care P.C.  
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PATIENT NAME: Bravo, Kim  
DATE OF BIRTH: 8/24/66  
REFERRING PHYSICIAN: Dr. Cynthia Robinson  
DATE OF EXAM: 7/26/22

**MRI OF THE LEFT KNEE:**

**TECHNIQUE:** Sagittal, axial and coronal images of the left knee were performed using spin-echo and gradient echo pulse sequences.

**CLINICAL HISTORY:** Pain.

**FINDINGS:** Marrow signal is unremarkable. The distal femur and proximal tibia are intact. There is no osteonecrosis or fracture.

There is a joint effusion noted. Superficial varicose veins are noted.

There is quadriceps and patellar tendinosis/tendonitis. There is prepatellar edema and/or bursitis. There is lateral patellar tilt and luxation. There is high grade chondromalacia involving multiple patellar facets.

There is a partial ACL tear. The PCL is intact. There is a partial LCL sprain. The MCL complex is intact. There is a tear of the posterior horn of the medial meniscus. The lateral meniscus is intact without evidence of tearing or morphology.

**IMPRESSION:**

1. Joint effusion.
2. Partial LCL sprain.
3. Partial ACL tear.
4. Tear of the posterior horn of the medial meniscus.
5. Quadriceps and patellar tendinosis/tendonitis. Prepatellar edema and/or bursitis. Lateral patellar tilt and luxation. High grade chondromalacia involving multiple patellar facets.

Thank you for the courtesy of this consultation.



Robert D. Solomon, M.D.  
Board Certified Radiologist

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