



30-80 31st Street, Astoria, NY 11102  
Tel: 718-335-7100 | Fax: 718-709-4136

<b>PATIENT:</b>	POLO, WINTON	<b>EXAM DATE:</b>	04/27/2022 3:08 PM
<b>STUDY DESCRIPTION:</b>	MRI KNEE WITHOUT CONTRAST (JOINT)	<b>MRN:</b>	POLW62826
<b>DOB:</b>	06/05/1986	<b>REFERRING PHYSICIAN:</b>	Qureshi, Adnan
<b>CLINICAL HISTORY</b>	Pain in Lt. Knee after MVA	<b>GENDER</b>	M

**MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE WITHOUT IV CONTRAST**

**HISTORY:** Pain in left knee after motor vehicle accident.

**TECHNIQUE:** Multiplanar, multi-sequence MRI of the left knee was performed without intravenous contrast.

**COMPARISON:** None available.

**FINDINGS:**

**OSSEOUS STRUCTURES/MARROW:** No fractures or osteonecrosis.

**LIGAMENTS:**

**ANTERIOR CRUCIATE:** The anterior cruciate ligament is intact.

**POSTERIOR CRUCIATE:** The posterior cruciate ligament is intact.

**MEDIAL COLLATERAL LIGAMENT:** The medial collateral ligament is intact.

**LATERAL COLLATERAL LIGAMENT:** The lateral collateral ligament is intact.

**JOINT SPACES:**

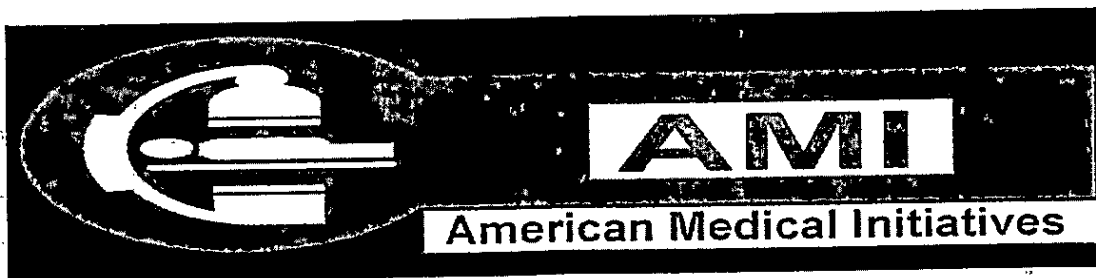
**MEDIAL COMPARTMENT:** Grade I signal intensity changes noted in the posterior horn of the medial meniscus.

**LATERAL COMPARTMENT:** Intact lateral meniscus and articular cartilage.

**PATELLOFEMORAL COMPARTMENT:** Articular cartilage intact.

**SYNOVIUM/ JOINT FLUID:** There is no joint effusion.

**MUSCLES:** There is edema along the myofascial planes of the partially imaged medial head of the



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gastrocnemius muscle consistent with myofascial strain.  
NEUROVASCULAR STRUCTURES: Normal in course and caliber.

EXTENSOR MECHANISM: Significant hyperintense signal of the patellar tendon noted at the insertion compatible with patellar tendonitis. The quadriceps tendon is intact.  
PERIPHERAL SOFT TISSUES: Normal.

PLICAE: No plicae demonstrated.

#### IMPRESSION:

1. Grade I signal intensity changes in the posterior horn of the medial meniscus compatible with trauma sequelae.
2. Edema along the myofascial planes of the partially imaged medial head of the gastrocnemius muscle consistent with myofascial strain.
3. Patellar tendonitis.

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