

Bronx Diagnostic Radiology, P.C.

Procedure Reading

**Bronx Diagnostic Radiology, P.C.**2500 St. Raymond Avenue  
Bronx, NY 10461

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PATIENT NAME: Bashar A Hauter  
DOB: 6/22/1984  
DATE OF SERVICE: 10/17/2022  
REFERRING DOCTOR: John J. McGee, D.O., FAAPMR

**MRI Left Knee:**

TECHNIQUE: Magnetic Resonance Imaging Is Performed In Multiple Projections Utilizing T1/T2 Pulse Sequences.

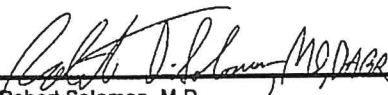
**FINDINGS:**

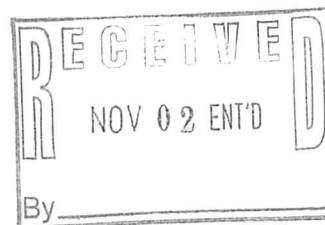
Narrowing of the femorotibial joints coronally, some uncovering laterally. Suprapatellar plica. Patellar alta and high position of the patella and patellar spurs. Quadriceps and patellar tendinosis. Prepatellar edema and/or bursitis. Synovitis of the Hoffa's and infrapatellar fat pad. Chondromalacia of posterior patellar surface involving subchondral bone and multiple patellar facets. Heterogeneous, thickened partially torn ACL. Posterior cruciate ligament is unrevealing. Menisci unrevealing. Patellar alta and high position of the patella. Partial lateral collateral ligament and lateral capsular tear, consider lateral trauma. Iliotibial band syndrome, hypertrophy of Gerdy's tubercle. Superficial varicose veins. Meniscal tearing and tear of the medial body of lateral menisci on coronal dataset.

**IMPRESSION:**

1. Meniscal tearing as described.
2. Partial lateral collateral ligament and lateral capsular tear.
3. Iliotibial band syndrome.
4. Superficial varicose veins.
5. Partial ACL tear.
6. Effusion.
7. Chondromalacia of posterior patellar spurs.
8. Hypertrophic tibial tuberosity.
9. Suprapatellar plica.
10. Synovitis.
11. Prepatellar edema and/or bursitis.

Thank you for the courtesy of this consultation.

  
Robert Solomon, M.D.  
Diplomat, American Board of Radiology



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