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PATIENT NAME: URENA INDHIRA
REFERRING PHYSICIAN: DR. MATHEW

DOB: 10/21/1985
DOS: 09/13/2022

MRI OF THE LEFT KNEE

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the left knee were obtained in the axial, sagittal and coronal planes without intravenous contrast.

FINDINGS: Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the distal femur, proximal tibia, fibula and the patella. The patellar retinacular are intact. The distal quadriceps tendon, the patellar tendon, the lateral collateral, the fibular collateral ligaments and the iliotibial band are intact. The PCL and lateral meniscus are intact.

The adjacent musculature is intact without strains, edema, atrophy or fatty infiltration. There are no masses or fluid collections.

There is intrameniscal tear in the posterior horn of the medial meniscus. The ACL appears thickened and heterogeneous suggestive of a sprain, in an appropriate clinical setting. Moderate joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. There is an approximately 5.5 x 2.5 x 0.7 cm Baker's cyst.

IMPRESSION:

1. Intrameniscal tear in the posterior horn of the medial meniscus.
2. ACL appears thickened and heterogeneous suggestive of a sprain, in an appropriate clinical setting.
3. Moderate joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.
4. Approximately 5.5 x 2.5 x 0.7 cm Baker's cyst.

Steve B. Losik M.D.

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Board Certified Radiologist
Electronically Signed