



## Community Medical Imaging

ACR Accredited Facility  
159-16 Union Tpke • Fresh Meadows, NY 11366  
Tel: 718-275-1010 • Fax: 718-591-3300

ISAAC KREIZMAN, M.D.  
79-09 B NORTHERN BLVD.  
JACKSON HEIGHTS, NY 11372

PATIENT: AGUSTIN SANTANA  
DOB: 01/15/1962  
DOS: 12/22/2021  
CHART #: 24252  
EXAM: MRI OF THE LEFT KNEE WITHOUT CONTRAST

HISTORY: Anterior pain.

TECHNIQUE: Multiplanar MR imaging of the left knee was performed without contrast on Hitachi open MRI unit.

Coronal PD, T2 and STIR; Sagittal PD and PD fat suppressed; axial T2 and T2 fat suppressed of the knee were obtained.

COMPARISON: None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

FINDINGS: The PCL is unremarkable. There is disorganization of the fibers of the ACL proximally. There is no laxity.

The lateral meniscus is unremarkable. There is a horizontal tear exiting inferiorly seen at the posterior body of the medial meniscus noted on image #14 of series #4. There is a moderate contusion over the medial retinaculum.

The patellofemoral compartment is unremarkable. There is no chondromalacia. There is no evidence of tracking abnormality. The retinacula are unremarkable.

The medial collateral ligament is unremarkable. There is no tear of the lateral collateral ligament.

The quadriceps and patellar tendons are intact.

There is no bone bruise. There is no fracture. There is no osteochondral defect.

Minimal joint fluid is seen. Hoffa's fat pad is unremarkable.

There is no muscular injury. There is no Baker's cyst.



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There are no incidental findings.

### IMPRESSION:

1. A HORIZONTAL TEAR IS SEEN EXITING INFERIORLY AT THE POSTERIOR BODY OF THE MEDIAL MENISCUS.
2. AN INTERSTITIAL TEAR OF THE ACL IS SEEN DIFFUSELY. THERE IS NO LAXITY.
3. THERE IS A CONTUSION OVERLYING THE MEDIAL COLLATERAL LIGAMENT.

Thank you for referring this patient to us.

Andrew McDonnell, MD  
Neuroradiologist  
Diplomate, American Board of Radiology  
AM/man/pr D: 12/22/2021

E-Sig By A. McDonnell, MD on 12/23/2021 09:28:29