

STAND-UP MRI OF THE BRONX, P.C.

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MULTI-POSITION MRI

Accredited by the American College of Radiology

NICOLA AUTHERS

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Report Date:

07/01/2022

DOB:

09/23/1973

Exam Date:

06/29/2022

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MRI OF THE LEFT KNEE WITHOUT CONTRAST

INDICATION: Pain

COMPARISON: No prior studies were available for **comparison** at the time of dictation.

TECHNIQUE: T1, T2, and PD axial, coronal, and sagittal sequences without intravenous contrast.

FINDINGS:

Complex tear and maceration of the anterior horn, body, and posterior horn of the medial meniscus with extrusion of the body and extension into the posterior root. Complex tear of the body and posterior horn of the lateral meniscus. Moderate to severe tricompartmental joint narrowing with diffuse full-thickness cartilage loss and large marginal osteophytes. Large joint effusion with severe synovitis.

No fracture. Bone marrow signal is normal. No patellar tilt or subluxation.

ACL is intact. PCL is intact. MCL is intact. Lateral (fibular) collateral ligament is intact. Conjoined tendon is intact. Popliteus tendon is normal.

Patellar tendon is intact. Quadriceps tendon is intact. Patellofemoral ligaments are intact.

No popliteal cyst. No intra-articular loose body. Visualized muscle signal is normal.

IMPRESSION:

- Complex tear and maceration of the anterior horn, body, and posterior horn of the medial meniscus with extrusion of the body and extension into the posterior root.
- Complex tear of the body and posterior horn of the lateral meniscus.
- Moderate to severe tricompartmental joint narrowing with diffuse full-thickness cartilage loss and large marginal osteophytes.

• Large joint effusion with severe synovitis.

Sincerely,

Priyesh Patel, MD

Certified, American Board of Radiology Musculoskeletal and Spine Specialist

PP/ad