



STAND-UP MRI OF BROOKLYN, P.C.

306 5th Avenue • Brooklyn, NY 11215
Phone: 718.768.7700 • Fax: 718.768.9459

MULTI-POSITION MRI

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PETERSON SIMON
DOB: 02/24/1996
Exam Date: 09/12/2022

N10123138-PS **Report Date:** 09/13/2022

GORDON DAVIS, DO
1611 EAST NEW YORK AVE
BROOKLYN, NY 11212-

MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 15-degree tilt position.

HISTORY: Patient complains of right knee pain status post MVA.

INTERPRETATION: There is an alta position to patella with diffuse patellar tendinosis/tendinopathy. There is distal quadriceps tendinosis/tendinopathy. There is a paucity of patellofemoral synovial fluid accumulating primarily medially and laterally at the level of the patellofemoral articulation. There is prepatellar subcutaneous edema.

There is an obliquely oriented tear involving the posterior horn and body-posterior horn junction of lateral meniscus extending to inferior meniscal surface at its middle third and there is broad undersurface thinning of the posterior horn of the lateral meniscus. The medial meniscus demonstrates prominent truncation, erosion, and tear of its body with considerable loss of meniscal substance with most of its torn remnant extruded outside the confines of the medial tibiofemoral joint compartment with superimposed obliquely oriented tearing involving the body and body-posterior horn junction of the medial meniscus. There is also radial tearing extending to the body-posterior horn junction of the medial meniscus.

There is thickening and sprain of the medial collateral ligament. There is medial tibiofemoral joint space narrowing with thinning of the chondral surface toward the medial aspect of medial tibial plateau.

There is subcortical reactive change at the posterosuperior non-weightbearing lateral femoral condyle at its posterosuperior capsule attachment site.

Osseous signal and morphology are, otherwise, unremarkable. The lateral collateral ligament, the anterior and posterior cruciate ligaments are, otherwise, unremarkable.

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IMPRESSION:

- Alta position to patella with diffuse patellar tendinosis/tendinopathy. Distal quadriceps tendinosis/tendinopathy. Paucity of patellofemoral synovial fluid accumulating primarily medially and laterally at the level of the patellofemoral articulation. Prepatellar subcutaneous edema.
- Obliquely oriented tear involving the posterior horn and body-posterior horn junction of lateral meniscus extending to inferior meniscal surface at its middle third and broad undersurface thinning of the posterior horn of the lateral meniscus. Medial meniscus prominent truncation, erosion, and tear of its body with considerable loss of meniscal substance with most of its torn remnant extruded outside the confines of the medial tibiofemoral joint compartment with superimposed obliquely oriented tearing involving the body and body-posterior horn junction of the medial meniscus. Radial tearing extending to the body-posterior horn junction of the medial meniscus.
- Thickening and sprain of the medial collateral ligament. Medial tibiofemoral joint space narrowing with thinning of the chondral surface toward the medial aspect of medial tibial plateau.
- Subcortical reactive change at the posterosuperior non-weightbearing lateral femoral condyle at its posterosuperior capsule attachment site.

Thank you for referring your patient to us for evaluation.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology
Fellowship Trained in Musculoskeletal Radiology
SW/JR