

STAR MEDICAL IMAGING PC

141 E. Merrick Road Valley Stream, NY, 11580
Phone:(516) 604-0707 Fax:(516) 399-1100

PATIENT NAME: JAMAL JOHNSON
REFERRING PHYSICIAN: IDY LIANS
SERVICE: MRI RIGHT KNEE
DATE OF SERVICE: 09/30/2022

MRI SCAN OF THE RIGHT KNEE

HISTORY: History of MVA.

TECHNIQUE: Non-contrast MRI of the right knee was performed utilizing multiplanar and multisequence acquisition.

FINDINGS: Severe degenerative changes are present in the medial joint compartment with joint compartment narrowing and a prominent medial meniscal osteophyte impinging upon the MCC. In addition, there are findings compatible with an MCC sprain.

The cortices are intact. There is marrow edema in the anterior non-weight bearing medial condyle, which appears to be unrelated to the degenerative changes. In the given clinical setting, clinical evaluation for bone contusion is requested. No other marrow abnormalities, fractures, or dislocations are demonstrated. Follow up x-rays are recommended for further evaluation. There is a severe joint effusion compatible with synovitis. A popliteal cyst is seen. There is no evidence of muscular tear.

There is swelling and increased signal of both the ACL and PCL, more prominent involving the ACL. There is no buckling of the PCL. There is no evidence of osseous translation. The findings are compatible with ACL and PCL sprains.

There is fluid around the myotendinous semitendinosus. In addition, there is increased signal in the myotendinous semitendinosus. There is no evidence of retraction or laxity. The findings are compatible with a strain/interstitial tear with associated tendonopathy.

The medial and lateral collateral ligament complexes are intact. The popliteal and quadriceps tendons and the patellar ligament are unremarkable. The patellar retinacula are intact. The medial and lateral meniscal structures are intact. There is no evidence of a meniscal tear.

IMPRESSION:

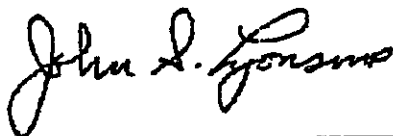
1. Severe degenerative changes of the medial joint compartment as described above, with findings compatible with an MCC sprain.
2. Marrow edema in the anterior non-weight bearing medial condyle for which clinical evaluation for bone contusion is requested. Follow up x-rays are recommended for further evaluation. *femoral*
3. Presence of a severe joint effusion compatible with synovitis and a popliteal cyst.
4. Swelling and increased signal of both the ACL and PCL, more prominent involving the ACL, compatible with ACL and PCL sprains.
5. Fluid around the myotendinous semitendinosus with increased signal in the myotendinous semitendinosus compatible with a strain/interstitial tear with associated tendonopathy.

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Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist