



MULTI-POSITION MRI

STAND-UP MRI OF YONKERS

(Comprehensive MRI of New York, P.C.)

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Accredited by the American College of Radiology

XAVIER BOBCOMBE**N10118435-YK****Report Date: 08/17/2022****DOB: 09/23/1993****Exam Date: 08/13/2022****NYONOWEH DIXON NP****2426 EASTCHESTER ROAD****BRONX, NY 10469****MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 30 degree tilt position.**HISTORY:** The patient complains of left knee pain.**INTERPRETATION:** For technical reasons, sagittal T2 weighted sequence was not completed. The patient was unable to return for the sagittal T2 weighted sequence.

The ACL is diffusely edematous approaching the distal insertion consistent with a sprain.

There is lateral patellar tilt and patellofemoral chondromalacia with narrowing at the lateral aspect of the patellofemoral compartment. There is insertional tendinosis distal quadriceps tendon.

There is trace fluid within the knee joint. There is a small popliteal fluid collection within the medial gastrocnemius-semimembranosus bursa.

Osseous signal and morphology are otherwise unremarkable. The medial and lateral menisci, the medial and lateral collateral ligaments, posterior cruciate ligament, and patellar tendon are otherwise unremarkable.

IMPRESSION:

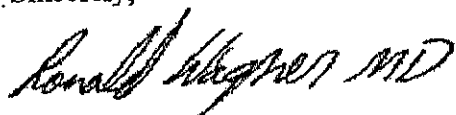
- ACL is diffusely edematous approaching the distal insertion consistent with a sprain.
- Lateral patellar tilt and patellofemoral chondromalacia with narrowing at the lateral aspect of the patellofemoral compartment.
- Insertional tendinosis distal quadriceps tendon.

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- Trace fluid within the knee joint.
- Small popliteal fluid collection within the medial gastrocnemius-semimembranosus bursa.

Thank you for referring your patient to us for evaluation.

Sincerely,



Ronald Wagner, M.D.

Diplomate of the American Board of Radiology
with added Qualifications in Neuroradiology

RW/f