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Cell: 516 549 6963 Fax: 516 467 3130

Email: qri.newhydepark@yahoo.com

PATIENT:

PYRAME, NERLANDE

EXAM DATE:

05/25/2022 9:00 AM

STUDY

MRI KNEE WITHOUT CONTRAST

MRN:

PYRN66613

DESCRIPTION:

(JOINT)

DOB:

05/14/1975

REFERRING PHYSICIAN:

Kim, Stanley Sangwook

CLINICAL HISTORY

N/F PAIN DUE TO ACCIDENT.

GENDER

|F

MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE WITHOUT IV CONTRAST

HISTORY: Pain due to accident.

TECHNIQUE: Multiplanar, multi-sequence MRI of the right knee was performed without

intravenous contrast.

COMPARISON: None available.

FINDINGS:

OSSEOUS STRUCTURES/MARROW: No fractures or osteonecrosis.

LIGAMENTS:

ANTERIOR CRUCIATE: The anterior cruciate ligament is intact. POSTERIOR CRUCIATE: The posterior cruciate ligament is intact.

MEDIAL COLLATERAL LIGAMENT: The medial collateral ligament is intact. LATERAL COLLATERAL LIGAMENT: The lateral collateral ligament is intact.

JOINT SPACES:

MEDIAL COMPARTMENT: A horizontal tear of the body and posterior horn of the medial meniscus noted.

LATERAL COMPARTMENT: Intact lateral meniscus and articular cartilage.

PATELLOFEMORAL COMPARTMENT: Articular cartilage intact.

SYNOVIUM/ JOINT FLUID: There is no joint effusion.

MUSCLES: No muscle edema or fatty muscle atrophy.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.





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EXTENSOR MECHANISM: The suprapatellar fat pad shows significant hyperintense signal compatible with fat pad impingement. There is edema surrounding the patellar tendon consistent with paratenonitis.

PERIPHERAL SOFT TISSUES: Normal.

PLICAE: No plicae demonstrated.

IMPRESSION:

- 1. Horizontal tear of the body and posterior horn of the medial meniscus.
- 2. Suprapatellar fat pad impingement.
- 3. Patellar tendon paratenonitis.

Digitally Signed By: Imam, Naiyer

Digitally Signed Date: 05/26/2022 9:29 PM