

PATIENT NAME: BOUDA BRUNO  
REFERRING PHYSICIAN: DR. BARAKAT

DOB: 12/31/1986  
DOS: 03/29/2022

### **MRI OF THE RIGHT KNEE**

**INDICATION:** Pain.

**TECHNIQUE:** Multiple T1 and T2 weighted MRI images of the right knee were obtained in the axial, sagittal and coronal planes without intravenous contrast.

**FINDINGS:** There are no acute fractures or dislocations in the distal femur, proximal tibia, fibula and the patella. The patellar retinacula are intact. The distal quadriceps tendon, the patellar tendon, the lateral collateral, the fibular collateral ligaments and the iliotibial band are intact. The ACL and the PCL are intact. The lateral meniscus is intact. There are no masses or fluid collections. The adjacent musculature is intact without strains, atrophy or fatty infiltration.

There is intrameniscal tear in the posterior horn of the medial meniscus. There is 1.2 cm increased T2 signal with underlying bone marrow edema on the anterior articular surface of the medial femoral condyle, consistent with erosive/osteochondral lesion or subcortical cyst. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

### **IMPRESSION:**

1. Intrameniscal tear in the posterior horn of the medial meniscus.
2. 1.2 cm increased T2 signal with underlying bone marrow edema on the anterior articular surface of the medial femoral condyle, consistent with erosive/osteochondral lesion or subcortical cyst. CT of the right knee is recommended for further evaluation.
3. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.
4. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

*Steve B. Losik M.D.*

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Steve B. Losik, M.D.  
Board Certified Radiologist  
Electronically Signed