MIB | MEDICAL IMAGING OF BRONX, P.C.

1500 ASTOR AVENUE
BRONX, NY 10469
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PATIENT NAME: BRADLEY JONATHAN DOB: 12/25/1977
REFERRING PHYSICIAN: DR. MATHEW DOS: 08/29/2022

MRI OF THE LEFT KNEE

INDICATION: Pain.

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

FINDINGS: There are no dislocations or or marrow infiltration in the distal femur, proximal tibia, fibula and the patella. The patellar retinacular are intact. The distal quadriceps tendon, the patellar tendon, the lateral collateral, the fibular collateral ligaments and the iliotibial band are intact. The ACL, the PCL, and lateral meniscus are intact.

The adjacent musculature is intact without strains, edema, atrophy or fatty infiltration. There is no joint effusion. There are no masses or fluid collections.

There is complex tear in the posterior horn/body of the medial meniscus. There is an approximately 8.0 x 2.5 x 2.7 cm heterogeneous high T2 signal intensity lesion in the femoral distal diaphysis/metaepiphysis with well defined serpiginous border, consistent with bone infarction. There is increased T2 signal in the anterior aspect of the medial femoral condyle consistent with bone contusion/nondisplaced fracture with overlying soft tissue swelling and edema consistent with recent trauma.. There are mild osteoarthritic changes.

IMPRESSION:

1. Increased T2 signal in the anterior aspect of the medial femoral condyle consistent with bone contusion/nondisplaced fracture with overlying soft tissue swelling and edema consistent with recent trauma. CT of the femoral diaphysis/knee joint is recommended for further evaluation.
2. Complex tear in the posterior horn/body of the medial meniscus.
3. Approximately 8.0 x 2.5 x 2.7 cm heterogeneous high T2 signal intensity lesion in the femoral distal diaphysis/metaepiphysis with well defined serpiginous border, consistent with bone infarction.
4. Mild osteoarthritic changes.

Steve B. Losik M.D.

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Board Certified Radiologist
Electronically Signed