

PATIENT NAME: MOHAMMADU IBRAHIM  
REFERRING PHYSICIAN: DR. MATHEW

DOB: 07/28/1990  
DOS: 11/05/2022

## **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, destructive bony lesions or marrow infiltration in the distal femur, proximal tibia, and fibula. The distal quadriceps tendon, the patellar tendon, the lateral collateral, the fibular collateral ligaments and the iliotibial band are intact. The ACL and lateral meniscus are intact. Markedly thickened patellar tendon near the distal attachment likely due to prior repair. Low signal intensity defect throughout the proximal tibia likely due to an intramedullary rod which may have been removed and it is not clear on this examination. X-ray of the knee, tibia and fibula is recommended for further evaluation. Multiple erosive/osteochondral lesions on the patellar articular surfaces. Anterior horn and body of the medial meniscus appears truncated likely due to prior meniscectomy, in an appropriate clinical setting. The PCL appears thickened and heterogeneous consistent with a high-grade partial or full-thickness tear.

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

There is horizontal tear in the posterior horn of the medial meniscus. There is 6.0 x 5.0 mm fluid collection likely in the prepatellar bursa, consistent with prepatellar bursitis. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

## **IMPRESSION:**

1. Low signal intensity defect throughout the proximal tibia likely due to an intramedullary rod which may have been removed and it is not clear on this examination. X-ray of the knee, tibia and fibula is recommended for further evaluation.
2. Horizontal tear in the posterior horn of the medial meniscus. Anterior horn and body of the medial meniscus appears truncated likely due to prior meniscectomy, in an appropriate clinical setting.
3. The PCL appears thickened and heterogeneous consistent with a high-grade partial or full-thickness tear.
4. 6.0 x 5.0 mm fluid collection likely in the prepatellar bursa, consistent with prepatellar bursitis.

PATIENT NAME: MOHAMMADU IBRAHIM  
REFERRING PHYSICIAN: DR. MATHEW

DOB: 07/28/1990  
DOS: 11/05/2022

5. Markedly thickened patellar tendon near the distal attachment likely due to prior repair.
  6. Multiple erosive/osteochondral lesions on the patellar articular surfaces
  7. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.
- 

*Steve B. Losik M.D.*

---

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