Queens Diagnostic Radiology, P.C. Procedure Reading

Bronx Diagnostic Radiology, P.C.

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PATIENT NAME: Wanda Pressley
DOB: 7/19/1962
DATE OF SERVICE: 12/31/2021
REFERRING DOCTOR: Adnan A. Qureshi, M.D.

MRI Left Knee:

TECHNIQUE: Magnetic Resonance Imaging Is Performed In Multiple Projections Utilizing T1/T2 Pulse Sequences.

FINDINGS: Narrowing of the femorotibial compartments on the coronal sequence with hypertrophic changes. Lateral patellar tilt and subluxation, medial retinacular strain, and joint effusion noted. Fluid in a number of synovial recesses. Baker cyst versus pes anserine bursitis noted. Muscular cone unremarkable. Patellar spurring. Patella alta.

Quadriceps and patellar tendinosis and/or tendinitis. The quadriceps tendon in particular is thickened, more severe tendinitis. Joint effusion noted. Margins of the anterior cruciate ligament are indistinct and partially torn. Posterior cruciate ligament is intact. The menisci are small in volume. There is abnormal signal in the posterior horns of the medial and lateral menisci consistent with tearing. Heterogeneity, irregularity of the anterior cruciate ligament with recovery sequence consistent with tearing. Joint effusion. No prepatellar edema and/or bursitis.

IMPRESSION:

1. Narrowed femoral and tibial compartments as described.
2. Partial tear of lateral collateral ligament.
3. Iliotibial band syndrome, hypertrophy of Gerdy's tubercle, proximal fibula.
4. Tears of the posterior horn of the medial and lateral menisci.
5. Quadriceps tendinosis and/or tendinitis.
6. Partial anterior cruciate ligament tear.
7. Lateral patellar tilt and subluxation consistent with medial retinacular strain.
8. Prepatellar edema and/or bursitis.
9. Suprapatellar plica.
10. Patellar spurring.
11. Chondromalacia of posterior patellar surface.

Thank you for the courtesy of this consultation.

Robert Solomon, M.D.
Diplomat, American Board of Radiology

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