## SKY RADIOLOGY

PATIENT NAME

GASPARIAN, ANNA

D.O.B.

07/25/1988

PATIENT#

47

DATE OF SERVICE

05/13/2022

REF. PHYSICIAN

RAHMAN, QUAZI MD

### MRI OF THE RIGHT KNEE WITHOUT CONTRAST

INDICATION: Right knee pain

COMPARISON: No prior studies were available for comparison at the time of dictation.

TECHNIQUE: T1, T2, and PD axial, coronal, and sagittal sequences without intravenous contrast.

#### FINDINGS:

Osseous structures: No evidence of fracture or suspicious lesions. Marrow signal preserved.

Menisci: Myxoid degeneration medial meniscuswith linear hyperintense signalinvolving the body Lateral meniscus is intact No meniscocapsular separation. No meniscal cyst.

Anterior cruciate ligament: Intact Posterior cruciate ligament: Intact Mediocollateral ligament: Normal

The lateral collateral ligament/posterolateral corner complex: Iliotibial band, lateral (fibular) collateral ligament, biceps femoris, and conjoined tendons intact. Popliteus tendon and muscle are normal. Remaining visualized posterolateral corner structures are without significant abnormality.

Quadriceps and patellar tendons: Intact. Mild lateral patellar tilt and subluxation but without abnormal lateralization patellar tendon insertion. Patellofemoral ligaments are intact.

Cartilage: Cartilage over femorotibial, patellofemoral joints are maintained without prominent fibrillation or flap. No evidence of osteochondral injury.

Joint spaces: Anatomically aligned. No loose bodies. Small joint effusion and associated small popliteal cyst.

Extra articular soft tissues: Visualized muscle signal is normal. No suspicious fluid collection.

#### IMPRESSION:

SKY RADIOLOGY P.C. 210-12 NORTHERN BLVD, BAYSIDE , NY 11361 \* TEL <u>718-224-8800</u> \* FAX <u>718-224-88</u>22

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- 1. Lateral patellar tilt and subluxation but without abnormal lateralization patellar tendom insertion.
- 2. Linear hyperintense signal within the body medial meniscus has a morphology suggestive of artifact, favored over a nondisplaced horizontal tear but difficult to definitively exclude a tear.
- 3. Joint effusion with popliteal cyst

Thank you for this kind referral of this patient.

BY RUYHD

B.V. Reddy M.D. Diagnostic Radiologist and Nuclear Medicine Physician Diplomat of ABNM and ABR MRI and Breast Imaging Specialist

Electronically Signed by REDDY, B.V. MD DR. at 5/19/2022 12:40:07 AM