

**COMPREHENSIVE MRI OF WHITE PLAINS**  
(Comprehensive MRI of New York, P.C.)

Westchester Medical Pavilion  
311 North Street, Suite G10  
White Plains, NY 10605

Phone: 914.946.9400  
Fax: 914.946.1938  
[www.comprehensivemriofwhiteplains.com](http://www.comprehensivemriofwhiteplains.com)

**MARIAN SEABROOK**

**N10125809-  
WP**

**Report Date: 09/09/2022**

**DOB: 05/21/1955**

**Exam Date: 09/07/2022**

**MICHAEL JURKOWICH MD  
607 WESTCHESTER AVE  
BRONX NY 10455**

**MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE**

**TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 20-degree tilt position.

**HISTORY:** The patient complains of right knee inner and outer side pain with clicking sounds, swelling, and difficulty walking.

**COMPARISON:** Prior MRI dated 11/04/2020.

**INTERPRETATION:** Sprain remains within the MCL which demonstrates heterogeneous intrasubstance signal abnormality and thickening approaching the proximal insertion and some edema superficially.

There is now a horizontal tear within the body of the medial meniscus approaching the junction with the posterior horn. Tear also noted within the posterior horn and body of the lateral meniscus with truncation and fraying of the free edge.

Patellofemoral chondromalacia remains with diffuse thinning of the patellofemoral articular cartilage which is down to the bone of patellar articular surface and there is now prominent subchondral fibrocystic focus over the patellar apex.

Insertional tendinosis distal quadriceps and distal patellar tendons. An effusion and synovitis are noted within the knee joint. There is small Baker's cyst which dissects inferiorly along the medial margin of the gastrocnemius.

Osseous signal and morphology are, otherwise, unremarkable. The lateral collateral ligament, the anterior and posterior cruciate ligaments, quadriceps and patellar tendons are, otherwise, unremarkable.

MARIAN SEABROOK

N10125809-WS

Exam Date: 09/07/2022

Page 2 of 2  
KNEE RIGHT MRI 73721**IMPRESSION:**

- Sprain remains within the MCL which demonstrates heterogeneous intrasubstance signal abnormality and thickening approaching the proximal insertion and some edema superficially.
- Horizontal tear within the body of the medial meniscus approaching the junction with the posterior horn. Tear also noted within the posterior horn and body of the lateral meniscus with truncation and fraying of the free edge.
- Patellofemoral chondromalacia remains with diffuse thinning of the patellofemoral articular cartilage which is down to the bone of patellar articular surface and prominent subchondral fibrocystic focus over the patellar apex.
- Insertional tendinosis distal quadriceps and distal patellar tendons. Effusion and synovitis within the knee joint. Small Baker's cyst which dissects inferiorly along the medial margin of the gastrocnemius.

Thank you for referring your patient to us for evaluation.

Sincerely,



Ronald Wagner, M.D.  
Diplomate of the American Board of Radiology  
with added Qualifications in Neuroradiology  
RWIB