

Bronx Diagnostic Radiology, P.C.

Procedure Reading

Bronx Diagnostic Radiology, P.C.

2500 St. Raymond Avenue
Bronx, NY 10461

Phone: (718) 369-1200
Fax: (718) 223-2932

PATIENT NAME: Jahad Ritchens
DOB: 5/3/1993
DATE OF SERVICE: 4/19/2022
REFERRING DOCTOR: Sonia Sikand, PA-C

MRI Left Knee:

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

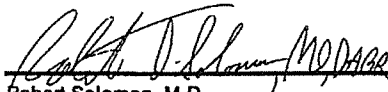
FINDINGS:

Large effusion is noted. Lateral patellar tilt and subluxation, superficial varicose veins. Hypertrophic tibial tuberosity. Quadriceps and patellar tendinosis and tendinitis. Prepatellar edema and/or bursitis. The anterior cruciate ligament is heterogeneous, irregular, poorly seen, consistent with disruption. Posterior cruciate ligament is intact. Small menisci are intact. Suprapatellar plica. There is heterogeneous signal particularly in the proximal tibia, possibility of contusion or fracture, the pathology cannot be excluded. X-ray and/or postcontrast MRI may be helpful. Erosions and/or osteochondral defects. Partial lateral collateral ligament and lateral capsular tearing, consider lateral trauma. Iliotibial band syndrome noted.

IMPRESSION:

1. Possible lateral trauma, lateral capsular and lateral collateral ligament tearing.
2. Erosions and/or osteochondral defects.
3. Iliotibial band syndrome.
4. On the inversion recovery sequence, there is heterogeneous signal in the proximal tibial particularly on sagittal plane and consider contusion or even fracture. Postcontrast MRI and/or x-ray correlation may be helpful.
5. Large effusion.
6. Suprapatellar plica.
7. Complete anterior cruciate ligament tear.

Thank you for the courtesy of this consultation.



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

Close

Print