

SKY RADIOLOGY

PATIENT NAME GUERRIER, YOLETTE
D.O.B. 02/05/1957
PATIENT # 433
DATE OF SERVICE 6/16/2022 2:23:29 PM
REF. PHYSICIAN RAHMAN, QUAZI MD

MRI OF THE LEFT KNEE WITHOUT CONTRAST

INDICATION: MVA. Left 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: Patchy edema overlying both lateral and medial patellar retinaculum.

Tricompartmental osteoarthritic changes with osteophytosis, joint space narrowing with moderate anterior femoral tibial chondral loss and severe medial facet chondromalacia patella.

Menisci: Broad tear throughout the body of the medial meniscus extending to the peripheral free margin, and portion of extruded meniscal fragment into the para-meniscal space. There is also slight displacement and concomitant MCL sprain. Series 6 image 9.

Increased ACL intrasubstance signal otherwise grossly intact PCL intact. Lateral (fibular) collateral ligament is intact. Conjoined tendon is intact. Popliteus tendinopathy.

Patellar and quadriceps tendinopathy of the patellar attachments grossly intact. No patellar tilt or subluxation. Patellofemoral ligaments are intact.

There is both tendinopathy and undersurface tear at the myotendinous junctions of both medial and lateral gastrocnemius muscles, with minimal surrounding free fluid and cystic structures.. There is an approximately 10.8 x 21.1 x 47.6 mm complex septated somewhat dissecting Bakers cyst No intra-articular loose body.

IMPRESSION:

1. Broad tear throughout the body of the medial meniscus extending to the peripheral free margin, and portion of extruded meniscal fragment into the para-meniscal space. There is also slight displacement and concomitant MCL sprain.

SKY RADIOLOGY P.C.

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2. There is concomitant femoral tibial effusion and complex tear posterior horn medial meniscus, as well as suspicion for component of meniscal capsule separation, and portion of extruded meniscal fragment into the para-meniscal space. MCL tear.
3. Quadriceps and patellar tendinopathy.
4. Tricompartmental osteoarthritis as described, moderate to severe medial facet chondromalacia patella.

Thank you for this kind referral of this patient.

B.V. Reddy MD

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MRI and Breast Imaging Specialist

Electronically Signed by REDDY, B.V. MD DR. at 6/22/2022 11:24:06 PM