

30-80 31st Street, Astoria, NY 11102 Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:

BATISTA, CHRISTOPHER

EXAM DATE:

04/12/2022 4:39 PM

STUDY

MRI KNEE WITHOUT CONTRAST

MRN:

BATC61235

DESCRIPTION:

(JOINT)

DOB:

08/03/1997

REFERRING PHYSICIAN: Qureshi, Adnan

CLINICAL HISTORY

PAIN IN LT. KNEE AFTER MVA

GENDER

Μ

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

 $\textbf{EXTENSOR}\,\textbf{MECHANISM:}\,\textbf{The quadriceps tendon}\,\textbf{is intact.}\,\textbf{The patellar tendon}\,\textbf{is intact.}$ 

PERIPHERAL SOFT TISSUES: Normal.

PLICAE: No plicae demonstrated.

## IMPRESSION:

- 1. Horizontal tear of the body and posterior horn of the lateral meniscus.
- 2. Joint effusion.

Digitally Signed By: Imam, Naiyer

Digitally Signed Date: 04/13/2022 1:38 AM



30-80 31st Street, Astoria, NY 11102 Tel: 718-335-7100 | Fax: 718-709-4136

04/12/2022 4:59 PM EXAM DATE: BATISTA, CHRISTOPHER PATIENT: BATC61235 MRI SHOULDER WITHOUT CONTRAST STUDY MRN: DESCRIPTION: REFERRING Qureshi, Adnan 08/03/1997 DOB: PHYSICIAN: GENDER Μ CLINICAL HISTORY

MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Pain due to accident.

TECHNIQUE: Multiplanar, multi-sequence MRI of the right shoulder was performed without intravenous contrast.

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

## **ROTATOR CUFF:**

SUPRASPINATUS: There is a partial-thickness undersurface tear of the supraspinatus tendon. INFRASPINATUS: The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: No fluid in subacromial-subdeltoid bursa to suggest bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

ACJOINT: AC joint hypertrophy may contribute to rotator cuff impingement.

BICEPS TENDON: intact long-head of the biceps tendon.

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.