

SKY RADIOLOGY

PATIENT NAME	MARCANO, MAYERLING
D.O.B.	07/29/1988
PATIENT #	0000013094
DATE OF SERVICE	03/25/2022
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.

Discoid lateral meniscus otherwise both menisci grossly intact. No meniscocapsular separation. No meniscal cyst.

ACL demonstrates broad interstitial increased signal in the mid and distal segments with a superimposed dorsal lateral surface irregularity and slight discontinuity, along the posterolateral bundle insertional fibers from which the tear is not excluded. On series 4 image 8. PCL is intact. MCL is intact. Lateral (fibular) collateral ligament is intact. Conjoined tendon is intact. Popliteus tendon is normal.

Patellar tendon is intact. Quadriceps tendon is intact. No patellar tilt or subluxation. Patellofemoral ligaments are intact.

Intact articular cartilage.

No popliteal cyst. No intra-articular loose body. Visualized muscle signal is normal.

IMPRESSION:

1. ACL demonstrates broad interstitial increased signal in the mid and distal segments with a superimposed dorsal lateral surface irregularity and slight discontinuity, along the posterolateral bundle insertional fibers from which the tear is not excluded.

SKY RADIOLOGY P.C.

210-12 NORTHERN BLVD, BAYSIDE, NY 11361 * TEL 718-224-8800 * FAX 718-224-8822

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-Recommend close clinical follow-up and if needed a short interval repeat MRI of the ...
knee in 3 months, however if there are worsening symptoms arthroscopy should be
considered at this time.

2. Discoid lateral meniscus.

Thank you for this kind referral of this patient.

B.V. Reddy MD

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 4/3/2022 1:26:51 AM

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