STAND-UP MRI OF BENSONHURST, P.C.
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MULTI-POSITION MRI

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STELLA TEVOEDJRE **N10110663-BE** **Report Date:** 07/18/2022
DOB: 07/05/1967
Exam Date: 07/18/2022

AJOY SINHA MD
1314 CONEY ISLAND AVE
BROOKLYN, NY 11230

Amended 07/22/2022 (Referring Address)

MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position.

HISTORY: The patient complains of bilateral knee pain, clicking sound, swelling, rule out internal derangement, status post MVA 2/14/2022.

INTERPRETATION: There is patellofemoral joint space narrowing with components of lateral patellar subluxation and tilt. There is prominent involvement of chondral surface erosion of the lateral patellar facet with extension to cortical bone with thinning cortical bone and subcortical cystic changes deep to the lateral patellar facet. There is also lateral trochlear chondral surface erosion but comparatively of a lesser degree which extends to the midline. There is patellofemoral spur formation and there is a patellofemoral synovial fluid accumulating medially and laterally.

There is distal quadriceps tendinosis/tendinopathy and there is edema in the prepatellar subcutaneous tissues with distal greater than proximal patellar tendinosis/tendinopathy.

There is a ossific loose body at the level of the tibiofemoral articulation measuring up to 1 cm interposed between the posteromedial margin of the PCL and the posterior capsule. It is ossific and should be identified radiographically.

The anterior cruciate ligament is attenuated with partial tear.

The medial meniscus is severely eroded and torn with considerable loss of meniscal substance involving essentially the entirety of the posterior horn extending to the body-posterior horn junction. The medial meniscal body is completely extruded outside the medial tibiofemoral joint compartment in conjunction with medial tibiofemoral spur formation is impressing and displacing the medial collateral ligament away from the joint and stripping it from its proximal

tibial attachment site with strain of the medial collateral ligament extending to its femoral attachment site.

There is medial tibiofemoral severe joint space narrowing with chondral surface loss greatest medially at the weightbearing margins with underlying thinning of the cortex and subcortical bone marrow edema involving both the medial femoral condyle and medial tibial plateau medial articular margins.

There is a component of lateral subluxation of the tibia with respect to the femur. There is tibial spine spur formation and subcortical reactive bone marrow edema involving the medial more than lateral tibial spine.

There is free edge truncation and radial tearing of the lateral meniscal body.

There is fluid in the popliteus tendon sheath with evidence for tenosynovitis.

There is lateral tibiofemoral spur formation.

A small popliteal cyst is present.

There is generalized atrophy of the muscular structures surrounding the knee joint, greater at the distal quadriceps muscles visualized.

Osseous signal and morphology are otherwise unremarkable. The lateral collateral ligament is otherwise unremarkable.

IMPRESSION:

- Patellofemoral joint space narrowing with components of lateral patellar subluxation and tilt.
- Prominent involvement of chondral surface erosion of the lateral patellar facet with extension to cortical bone with thinning cortical bone and subcortical cystic changes deep to the lateral patellar facet.
- Lateral trochlear chondral surface erosion but comparatively of a lesser degree which extends to the midline.
- Patellofemoral spur formation and there is a patellofemoral synovial fluid accumulating medially and laterally.
- Distal quadriceps tendinosis/tendinopathy and there is edema in the prepatellar subcutaneous tissues with distal greater than proximal patellar tendinosis/tendinopathy.

- Ossific loose body at the level of the tibiofemoral articulation measuring up to 1 cm interposed between the posteromedial margin of the PCL and the posterior capsule. It is ossific and should be identified radiographically.
- Anterior cruciate ligament is attenuated with partial tear.
- Medial meniscus severely eroded and torn with considerable loss of meniscal substance involving essentially entirety of posterior horn extending to body-posterior horn junction. Medial meniscal body is completely extruded outside medial tibiofemoral joint compartment in conjunction with medial tibiofemoral spur formation impressing and displacing medial collateral ligament away from joint and stripping it from its proximal tibial attachment site with strain of medial collateral ligament extending to its femoral attachment site. Medial tibiofemoral severe joint space narrowing with chondral surface loss greatest medially at weightbearing margins with underlying thinning of cortex and subcortical bone marrow edema involving both medial femoral condyle and medial tibial plateau medial articular margins.
- Component of lateral subluxation of the tibia with respect to the femur.
- Tibial spine spur formation and subcortical reactive bone marrow edema involving the medial more than lateral tibial spine.
- Free edge truncation and radial tearing of the lateral meniscal body.
- Fluid in the popliteus tendon sheath with evidence for tenosynovitis.
- Lateral tibiofemoral spur formation.
- Small popliteal cyst.
- Generalized atrophy of the muscular structures surrounding the knee joint, greater at the distal quadriceps muscles.

Thank you for referring your patient to us for evaluation.

Sincerely,

Steven Winter, M.D.
Diplomate of the American Board of Radiology
Fellowship Trained in Musculoskeletal Radiology

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KNEE LEFT MRI 73721

SW/BC
amended by lb 07/22/2022