



Community Medical Imaging

ACR Accredited Facility
159-16 Union Tpke • Fresh Meadows, NY 11366
Tel: 718-275-1010 • Fax: 718-591-3300

AJOY K. SINHA, M.D.
79-09 B NORTHERN BLVD
JACKSON HEIGHTS, NY 11372

PATIENT: MICHAEL KING
DOB: 11/07/1952
DOS: 04/25/2022
CHART #: 24711
EXAM: MRI OF THE LEFT KNEE WITHOUT CONTRAST

HISTORY: Anterior pain.

TECHNIQUE: Multiplanar MR imaging of the left knee was performed without contrast on Hitachi open MRI unit.

Coronal PD, T2 and STIR; Sagittal PD and PD fat suppressed; axial T2 and T2 fat suppressed of the knee were obtained.

COMPARISON: None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

FINDINGS: The PCL is unremarkable. The ACL is intact. There is subchondral decreased T1 signal is seen at the lateral femoral condyle anteriorly likely due to overlying chondromalacia.

The lateral meniscus is unremarkable. Focal signal is seen peripherally at the anterior body of the medial meniscus. A globular tear is noted.

Patellofemoral compartment is unremarkable. There is no chondromalacia. There are no subchondral changes. Medial and lateral retinacula appear unremarkable.

Quadriceps and patellar tendons are intact.

The lateral collateral ligament is unremarkable. There is a grade I injury of the medial collateral ligament.

There is no bone bruise. There is no fracture. There is no osteochondral defect.

Hoffa's fat pad is unremarkable. There are no loose bodies.

There is no muscular injury. There is no Baker's cyst. There are no incidental findings.



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IMPRESSION:

1. A GRADE I INJURY OF THE MEDIAL COLLATERAL LIGAMENT IS SEEN. THERE IS NO LAXITY.
2. A GLOBULAR TEAR IS SEEN PERIPHERALLY AT THE ANTERIOR BODY OF THE MEDIAL MENISCUS.
3. A SMALL JOINT EFFUSION IS SEEN WITHOUT EVIDENCE OF A LOOSE BODY.

Thank you for referring this patient to us.

Andrew McDonnell, MD
Neuroradiologist
Diplomate, American Board of Radiology
AM/man/pr D: 04/25/2022

E-Sig By A. McDonnell, MD on 04/26/2022 08:07:40