SKY RADIOLOGY

PATIENT NAME D.O.B. PATIENT # DATE OF SERVICE REF. PHYSICIAN

EWEKA, ESE 12/25/1970 0000013515 05/10/2022 KOPACH, ALEXANDR MD

MRI OF THE LEFT KNEE WITHOUT CONTRAST

INDICATION: 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: No evidence of fracture or suspicious lesions. Marrow signal preserved.

Menisci: Intrasubstance increased signal with distinct linear type defect concerning for horizontal tear toward the anterior root lateral meniscus series 4 images 10-12, with slightly more concentrated surrounding femoral tibial effusion. No meniscocapsular separation. No meniscal cyst.

Anterior cruciate ligament: Broad intrasubstance increased signal with delamination primarily along the undersurface of the mid and distal segments suggesting comminution both central intrasubstance degeneration as well as suspicion of an undersurface superimposed tear at the insertional fibers. Series 4 image 9.

Posterior cruciate ligament: Intact Mediocollateral ligament: Normal

The lateral collateral ligament/posterolateral corner complex: Iliotibial band, lateral (fibular) collateral ligament, biceps femoris, and conjoined tendons intact. Popliteus tendon and muscle are normal. Remaining visualized posterolateral corner structures are without significant abnormality.

Quadriceps and patellar tendons: Intact. No patellar tilt or subluxation. Patellofemoral ligaments are intact.

Cartilage: Trochlear osteophytosis with areas of high-grade and full thickness chondral loss involving the trochlear groove and inferior medial trochlear cartilage, with associated patchy areas

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of subchondral marrow edema. Intermediate grade chondrosis medial tibiofemoral compartment. Lateral tibiofemoral compartment is relatively well maintained.

Joint spaces: Anatomically aligned. No loose bodies. Small joint effusion..

Extra articular soft tissues: Visualized muscle signal is normal. No suspicious fluid collection.

IMPRESSION:

- 1. Intrasubstance increased signal with distinct linear type defect concerning for horizontal tear toward the anterior root lateral meniscus series 4 images 10-12, with slightly more concentrated surrounding femoral tibial effusion.
- 2. Within the ACL, there is broad intrasubstance increased signal with delamination primarily along the undersurface of the mid and distal segments suggesting comminution both central intrasubstance degeneration as well as suspicion of an undersurface superimposed tear at the insertional fibers.
- 3. Trochlear osteophytosis with areas of high-grade and full thickness chondral loss and subchondral marrow edema involving the inferior trochlear groove and medial trochlear cartilage. Intermediate grade chondrosis of the weightbearing medial tibiofemoral compartment also noted.

Thank you for this kind referral of this patient.

BY ROLLYMD

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 5/16/2022 4:44:33 PM

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