



MULTI-POSITION MRI

STAND-UP MRI OF MANHATTAN, P.C.

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CARLOS SANCHEZ

**N10021856-
ME**

Report Date: 03/26/2022

DOB: 12/23/1962

Exam Date: 03/24/2022

**TRISHANNA YANKANNAH PA
14 BRUCKNER BLVD
BRONX, NY 10454**

MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 5-degree tilt position.

HISTORY: Patient complains of right knee pain with clicking sounds, swelling, and difficulty walking. MVA.

INTERPRETATION: There is peripheral tear involving the medial meniscal body-posterior horn junction extending into the body involving its inferior meniscal surface in close proximity to the capsular margin. There is medial collateral ligament strain at its femoral attachment site.

Inhomogeneity of the distal quadriceps and focally at the distal patellar tendon representing insertional tendinosis/tendinopathy with edema in the prepatellar subcutaneous tissues.

There is clarity reduction by patient motion and best possible images were obtained. Images were repeated.

Osseous signal and morphology are, otherwise, unremarkable. The lateral meniscus, the lateral collateral ligament, the anterior and posterior cruciate ligaments are, otherwise, unremarkable.

IMPRESSION:

- Peripheral tear involving the medial meniscal body-posterior horn junction extending into the body involving its inferior meniscal surface in close proximity to the capsular margin.
- Medial collateral ligament strain at its femoral attachment site.
- Inhomogeneity of the distal quadriceps and focally at the distal patellar tendon representing insertional tendinosis/tendinopathy with edema in the prepatellar subcutaneous tissues.

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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
SW/MM

