

# MEDICAL MRI PC

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<b>PATIENT NAME:</b>	<b>DENNY MCLENNON</b>
<b>REFERRING PHYSICIAN:</b>	<b>DR. ALEXANDER KOPACH</b>
<b>SERVICE:</b>	<b>MRI RIGHT KNEE</b>
<b>DATE OF SERVICE:</b>	<b>03/30/2022</b>

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MRI SCAN OF THE RIGHT KNEE

CLINICAL HISTORY: Pain.

Routine non-contrast MRI images of the right knee were obtained. Prior imaging correlation is not available.

There is joint fluid compatible with synovitis. There is no evidence of popliteal cyst formation or muscular tear. There is no evidence of fracture, dislocation, or bone marrow abnormalities to be suspicious for bone contusions, stress fractures, or acute trabecular microfractures.

The anterior and posterior cruciate complexes are intact. There is swelling of the MCC compatible with a Grade I MCC sprain. The medial and lateral collateral ligament complexes are otherwise intact. The popliteal and quadriceps tendons and the patellar ligament are unremarkable. The patellar retinacula are intact.

A single image demonstrates a linear hyperintense signal extending to the inferior articular surface of the posteromedial meniscal horn. Since the finding is only seen on a single image, this is compatible with a Grade 2B signal. Clinical confirmation of a posteromedial meniscal tear is requested. The meniscal structures are otherwise intact. No other meniscal tears are suspected.

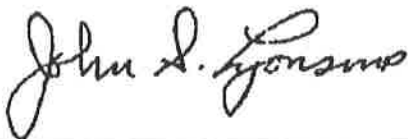
## IMPRESSION:

**PRESENCE OF JOINT FLUID COMPATIBLE WITH SYNOVITIS.**

**SWELLING OF THE MCC COMPATIBLE WITH GRADE I MCC SPRAIN.**

**POSTEROMEDIAL MENISCAL GRADE 2B SIGNAL AS DISCUSSED IN THE BODY OF THE REPORT. CLINICAL CONFIRMATION OF A POSTEROMEDIAL MENISCAL TEAR IS REQUESTED.**

Thank you for the courtesy of this consultation.



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John Lyons, M.D.

Radiologist