

MEDICAL MRI PC

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PATIENT NAME: LAWRENCE GLENN
REFERRING PHYSICIAN: DR. CRAIG FISHLER
SERVICE: MRI LEFT KNEE
DATE OF SERVICE: 08/13/2022

MRI SCAN OF THE LEFT KNEE

CLINICAL HISTORY: Pain.

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

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

The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes are 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 anterolateral meniscal horn. Since the finding is only seen on a single image, this is consistent with a Grade 2B signal (from the literature, 50% are positive for tears) and compatible with an anterolateral meniscal tear.

The medial and lateral meniscal structures are otherwise intact. No other meniscal tears are demonstrated.

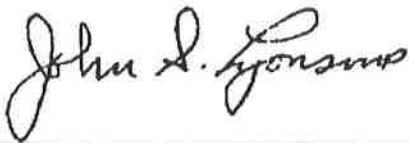
IMPRESSION:

PRESENCE OF JOINT FLUID COMPATIBLE WITH SYNOVITIS.

ANTEROLATERAL MENISCAL TEAR AS DISCUSSED IN THE BODY OF THE REPORT.

THE ANTERIOR AND POSTERIOR CRUCIATE LIGAMENTS AS WELL AS THE MEDIAL COMPARTMENT AND LATERAL COLLATERAL LIGAMENT COMPLEXES ARE INTACT.

Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist