

# SKY RADIOLOGY

PATIENT NAME                      DAVIS, TYESHA  
D.O.B.                                07/03/1986  
PATIENT #                          700  
DATE OF SERVICE                7/1/2022 12:48:53 PM  
REF. PHYSICIAN                 RYBSTEIN, MARC MD

## MRI OF THE LEFT KNEE WITHOUT CONTRAST

**INDICATION:** MVA. 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 and cartilage:

- No evidence of fracture. Subcentimeter proximal central tibial suggestive benign intraosseous cyst. No other suspicious lesions. Marrow signal preserved.

- Cartilage over femorotibial, patellofemoral joints are maintained without prominent fibrillation or flap. No evidence of osteochondral injury.

Menisci: Medial and lateral menisci are intact with overall normal signal and morphology. No meniscocapsular separation. No meniscal cyst.

Anterior cruciate ligament: There is approximately 4.5 and 9.2 mm suggestive ganglionic cyst along the mid/distal ACL. Series 4 image 11, series 6 image 13.

Posterior cruciate ligament: Intact

Mediocolateral 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.

**SKY RADIOLOGY P.C.**

**210-12 NORTHERN BLVD, BAYSIDE, NY 11361 \* TEL 718-224-8800 \* FAX 718-224-8822**

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Joint spaces: Anatomically aligned. No loose bodies. No significant effusion.

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

## **IMPRESSION:**

- 1. There is approximately 4.5 and 9.2 mm suggestive ganglionic cyst along the mid/distal ACL, which may pose risk for rupture in the setting of trauma.**
- 2. No other significant abnormality.**

Thank you for this kind referral of this patient.



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 7/8/2022 3:08:50 PM