
PATIENT NAME: CHARLIE HOLLIS
REFERRING PHYSICIAN: PHYLLIS GELB
SERVICE: MRI LEFT KNEE
DATE OF SERVICE: 07/01/2022

MRI SCAN OF THE LEFT KNEE

HISTORY: History of MVA.

TECHNIQUE: Non-contrast MRI of the left knee was performed utilizing multiplanar and multisequence acquisition.

FINDINGS:

There is a large joint effusion compatible with synovitis. A large popliteal cyst is seen. There is no evidence of 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. A bipartite patella is seen.

There is narrowing with degenerative changes involving the medial compartment with a medial meniscal spur impinging upon the MCC.

A single image demonstrates a linear hyperintense signal extending to the inferior articular surface of the posterolateral 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 a posterolateral meniscal tear.

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

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.

IMPRESSION:

Large joint effusion compatible with synovitis and a large popliteal cyst. Bipartite patella.

Posterolateral meniscal tear as discussed in the body of the report.

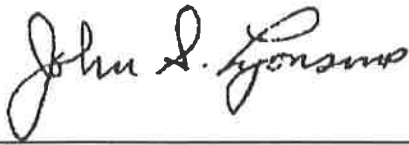
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Thank you for the courtesy of this consultation.



John Lyons, M.D.
Radiologist