



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

1575 Hillside Ave, Suite 100
New Hyde Park, NY 11040
Tel: 516 862 9544, 516 862 9599
Cell: 516 549 6963
Fax: 516 467 3130
Email: qrl.newhydepark@yahoo.com

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|--------------------|---|-------------------------|-------------------------|
| PATIENT: | AUSTIN, LOUIS | EXAM DATE: | 09-Nov-2022 1:09 PM |
| STUDY DESCRIPTION: | MRI KNEE WITHOUT CONTRAST (JOINT) RT | MRN: | AUSL1364 |
| DOB: | 11-Dec-1948 | REFERRING PHYSICIAN: | Jurkovich, Michael M.D. |
| CLINICAL HISTORY: | NF PAIN IN RT KNEE DUE TO MVA | GENDER: | M |

MRI RIGHT KNEE WITHOUT IV CONTRAST

CLINICAL HISTORY: Pain at the time of MVA

COMPARISON: None

DESCRIPTION:

multiplanar , multiecho pulse sequences were performed. No iv contrast was given

BONY STRUCTURE/ BONE MARROW: there is no fracture or dislocation. There is no abnormal bone marrow signal

LIGAMENT

acl: There is increased signal along the ACL on the sagittal proton density representing his pain from underlying trauma sequela

pcl: Ligament fibers are intact with no tears

mcl: Ligament fibers are intact with no tears

lcl: Ligament fibers are intact with no tears

JOINT

medial knee compartment; there is a tear seen in the posterior horn of the medial meniscus. Cartilage is intact

lateral knee compartment: Meniscus and cartilage are intact



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patellafemoral compartment: normal cartilage cartilage is intact

MUSCLE: No muscle edema or fatty atrophy

SYNOVIAL / JOINT: No synovial hypertrophy or joint fluid

EXTENSOR MECHANISM: Quadracep tendon is intact. There is patella peritendinitis adjacent with pre-patella edema.

NEUROVASCULAR BUNDLE: normal in caliber and contour

SOFT TISSUE: There is prepatellar edema present

IMPRESSION:

1. increased signal along the ACL on the sagittal proton density representing his pain from underlying trauma sequela
2. patella peritendinitis with adjacent pre-patella edema.
3. There is a meniscus tear seen in the posterior horn of the medial meniscus

Digitally Signed By: Izzo, Joseph
Digitally Signed Date: 11-Nov-2022 12:16 PM