STAR MEDICAL IMAGING PC

141 E. Merrick Road Valley Stream, NY, 11580
Phone:(516) 604-0707 Fax:(516) 399-1100

PATIENT NAME:	**SARAN CONDE**
REFERRING PHYSICIAN:	**COLLIN CLARKE**
SERVICE:	**MRI RIGHT KNEE**
DATE OF SERVICE:	**10/27/2022**

MRI SCAN OF THE RIGHT KNEE

HISTORY: History of MVA.

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

FINDINGS:

There is joint fluid compatible with synovitis. A 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. Degenerative osseous and meniscal changes are present.

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

The medial and lateral meniscal structures are otherwise intact. There are no other meniscal tears.

There is increased signal in the ACL. There is no buckling of the normal PCL. There is no evidence of osseous translation. In the given clinical setting, the findings are compatible with an ACL Grade I sprain.

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:

Presence of joint fluid compatible with synovitis.

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

Increased signal in the ACL compatible with an ACL Grade I sprain.

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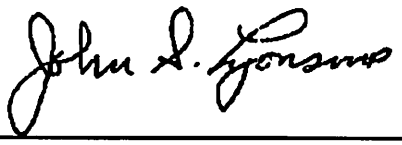
Thank you for the courtesy of this consultation.



John Lyons, M.D.
Radiologist