

PATIENT NAME: ELLIS-DIXON CLAUDINE  
REFERRING PHYSICIAN: DR. FERSEL

DOB: 10/27/1974  
DOS: 08/16/2022

**MRI OF THE LEFT KNEE**

**INDICATION:** Pain.

**TECHNIQUE:** Multiple T1 and T2 weighted MRI images of the left knee were obtained in the axial, sagittal and coronal planes without intravenous contrast.

**FINDINGS:** Severe motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, or marrow infiltration in the distal femur, proximal tibia, and fibula. The distal quadriceps tendon, the patellar tendon, the fibular collateral ligaments and the iliotibial band are intact. The ACL and PCL are intact.

The adjacent musculature is intact without strains, atrophy or fatty infiltration. There are no masses or fluid collections.

There is complex tear of the posterior horn/body of the medial meniscus. There is horizontal tear in the anterior horn of the lateral meniscus. There are several subcentimeter erosive/osteochondral lesions on the patellar articular surface and anterior articular surface of the lateral femoral condyle, consistent with chronic impact injury. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. There are moderate osteoarthritic changes in the patellofemoral and medial compartments of the knee and mild osteoarthritic changes in the lateral compartment. There is mild lateral chronic patellar subluxation. Moderate joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.

**IMPRESSION:**

1. Complex tear of the posterior horn/body of the medial meniscus.
2. Horizontal tear in the anterior horn of the lateral meniscus.
3. Several subcentimeter erosive/osteochondral lesions on the patellar articular surface and anterior articular surface of the lateral femoral condyle, consistent with chronic impact injury.
4. Moderate osteoarthritic changes in the patellofemoral and medial compartment of the knee and mild osteoarthritic changes in the lateral compartment.

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5. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.
6. Mild lateral chronic patellar subluxation.
7. Moderate joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.
8. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.

*Steve B. Losik M.D.*

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Steve B. Losik, M.D.  
Board Certified Radiologist  
Electronically Signed