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STAND-UP MRI OF MANHATTAN, P.C.

301 and 305(Suite 102) E. 55th Street New York, NY 10022 Phone: 212,772,2300 • Fax: 212,772,2032

STAND-UP MRI JT MRI

AIDA ALIX

N10105102-

Report Date:

06/13/2022

ME

DOB:

01/06/1960

Exam Date: 06/10/2022

AJIN MATHEW PA 1320 LOUIS NINE BLVD BRONX, NY 10459

MRI OF THE LEFT KNEE WITHOUT CONTRAST

INDICATION: 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:

Complex tear of the body and posterior hom of the medial meniscus. Complex tear of the anterior horn, body, and posterior horn of the lateral meniscus with a 4 mm parameniscal cyst along the anterior horn. Patellofemoral joint narrowing with high-grade cartilage loss and subchondral cystic change. Cartilage loss of the medial and lateral compartments. Small joint effusion. Edema within the suprapatellar fat pad.

No fracture. Bone marrow signal is normal. No patellar tilt or subluxation.

ACL is intact. PCL is intact. MCL is intact. Lateral (fibular) collateral ligament is intact. Conjoined tendon is intact. Popliteus tendon is normal.

Patellar tendon is intact. Quadriceps tendon is intact. Patellofemoral ligaments are intact.

No popliteal cyst. No intra-articular loose body. Visualized muscle signal is normal.

IMPRESSION:

- Complex tear of the body and posterior hom of the medial meniscus.
- Complex tear of the anterior horn, body, and posterior horn of the lateral meniscus with a 4 mm parameniscal cyst along the anterior horn.

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- Patellofemoral joint narrowing with high-grade cartilage loss and subchondral cystic change. Cartilage loss of the medial and lateral compartments.
- Small joint effusion. Edema within the suprapatellar fat pad.

Thank you for referring your patient to us for evaluation.

Sincerely,

Priyesh Patel, MD

Certified, American Board of Radiology Musculoskeletal and Spine Specialist

PP/ad