## MEDAID RADIOLOGY, 卫卫C

### 481 NORTH 13TH STREET, NEWARK N.J. 07107, TEL:973-481-7770 FAX: 973-481-7755

PATIENT NAME: ABREU, JORGE

DATE OF BIRTH: 09/28/1991 MRN #: M19348 DATE OF SERVICE: 05/24/2022

REFERRING PHYSICIAN: COLIN CLARKE, MD

#### MRI OF THE LEFT KNEE WITHOUT CONTRAST

**INDICATION:** MVA; left knee pain; assess for tear.

Technique: Exam was performed utilizing fast spin echo coronal, sagittal, and axial imaging with and without

fat suppression.

**Comparison**: No prior studies were available for comparison at the time of dictation.

Findings: Posterior cruciate ligament is intact. Anterior cruciate ligament mucoid change without tear.

Medial collateral ligament is intact. Lateral complex is intact. Popliteus is intact with no muscle tear.

Medial meniscus is intact. Cartilage of medial joint is preserved.

Lateral meniscus is intact. Cartilage of lateral joint is preserved.

Trochlear cartilage is intact. Patellar cartilage is intact.

Lateral subluxation. Retinacula are intact. Patellar tendon is intact. Quadriceps is intact. Thickened medial plica. Joint effusion.

Hamstring and gastrocnemius tendinopathy. Soft tissues are intact. No muscle tear.

No fracture. No contusion.

#### **Impression:**

- 1. Patella alta with lateral subluxation. Thickened medial plica with joint effusion and no fracture.
- 2. Anterior cruciate ligament mucoid change.

Thank you for the opportunity to participate in the care of this patient.

Mark Decker, M.D., D.A.B.R.

Mad & Der

Musculoskeletal and Spine Specialist

Signed by MARK J. DECKER, MD at 05/27/2022 01:24:03 PM

# MEDAID RADIOLOGY, LLC

### 481 NORTH 13<sup>TH</sup> STREET, NEWARK N.J. 07107, TEL:973-481-7770 FAX: 973-481-7755

PATIENT NAME: ABREU, JORGE

DATE OF BIRTH: 09/28/1991 MRN #: M19348

**DATE OF SERVICE:** 05/24/2022

REFERRING PHYSICIAN: COLIN CLARKE, MD