MEDAID RADIOLOGY, LLC

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

PATIENT NAME: MORRIS, TYHISA

DATE OF BIRTH: 02/02/1987 MRN #: M18356 DATE OF SERVICE: 02/11/2022

REFERRING PHYSICIAN: COLIN CLARKE, MD

MRI OF THE RIGHT KNEE WITHOUT CONTRAST

INDICATION: MVA; right knee pain; assess for tear/internal derangement.

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 with periligamentous edema and low-grade interstitial tear.

Medial collateral ligament sprain at the femur with periligamentous edema. Lateral complex is intact. Popliteus is intact with no muscle tear.

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

Medial meniscus demonstrates intrasubstance degeneration of posterior horn and body. No definitive tear. No discrete cartilage defect over the medial joint.

Trochlear cartilage is intact. Patellar cartilage demonstrates greater than 50% fissure over the apex. Lateral subluxation. Retinacula are intact. Patellar tendon is intact. Quadriceps tendinopathy.

Joint effusion. Thickened medial plica.

Hamstring and gastrocnemius tendinopathy with interstitial tearing of hamstrings at the tibia with soft tissue edema. No muscle tear. No popliteal cyst. No fracture.

Impression:

- 1. Greater than 50% cartilage fissure over the patellar apex. Thickened plica. Joint effusion.
- 2. Anterior cruciate ligament mucoid change with interstitial ganglia and distal low-grade interstitial tear.
- 3. Hamstring and gastrocnemius tendinopathy with interstitial tearing of hamstrings at the tibia with soft tissue edema.

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

MEDAID RADIOLOGY, LLC

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

PATIENT NAME: MORRIS, TYHISA

DATE OF BIRTH: 02/02/1987 MRN #: M18356 DATE OF SERVICE: 02/11/2022

REFERRING PHYSICIAN: COLIN CLARKE, MD

Mach Der-Mark Decker, M.D., D.A.B.R.

Musculoskeletal and Spine Specialist

Signed by MARK J. DECKER, MD at 02/15/2022 12:12:00 PM