



Westchester Radiology & Imaging, PC

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PATIENT: VIDAL CABRAL RAFAEL  
DOB: 03/07/1964  
PHYSICIAN: DR. MATHEW  
EXAM DATE: 06/09/2022

### **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:** Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the distal femur, proximal tibia, fibula and the patella. The patellar retinacular are intact. The distal quadriceps tendon, the patellar tendon, the lateral collateral, the fibular collateral ligaments and the iliotibial band are intact. The ACL, the PCL, and lateral meniscus are intact.

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

There is horizontal tear in the posterior horn of the medial meniscus. There is increased T2 signal in the posterior aspect of the lateral femoral condyle consistent with recent trauma, in an appropriate clinical setting. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.

### **IMPRESSION:**

1. Horizontal tear in the posterior horn of the medial meniscus.
2. Increased T2 signal in the posterior aspect of the lateral femoral condyle consistent with recent trauma, in an appropriate clinical setting.
3. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.

*Steve B. Losik M.D.*

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