



MULTI-POSITION MRI

STAND-UP MRI OF YONKERS

(Comprehensive MRI of New York, P.C.)

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Accredited by the American College of Radiology

CRAIG ARMSTRONG**N10118432-YK****Report Date: 08/14/2022****DOB: 04/12/1989****Exam Date: 08/13/2022****JORDAN FERSEL****2426 EASTCHESTER RD STE 100****BRONX, NY 10469****MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 30-degree tilt position.**HISTORY:** Patient complains of knee pain.

INTERPRETATION: There is prominent patellofemoral joint space narrowing with chondral surface erosion particularly at its lateral and inferolateral aspect where there is patellofemoral spur formation. Full-thickness chondral surface loss inferolaterally is present. There is also chondral surface loss involving the medial patellar facet with erosion of the cortex also present. Alta position to the patella is present. There is patellofemoral effusion distending the suprapatellar bursa. There is a loose body laterally in the suprapatellar bursa measuring 2 cm in size. There are several loose bodies along the posterior aspect of the capsule with several loose bodies extending at and perhaps slightly medial to the midline posteriorly and tracking along the posterior and posterolateral margin of the capsule with the largest of these loose bodies measuring 1.6 cm in size. I can identify at least seven loose bodies, all of which are measuring 5 mm or larger. There are also three loose bodies within a 2.5-cm distended popliteal cyst, the largest loose body measuring 9 mm.

There is anterior cruciate ligament inhomogeneity and strain with pericruciate edema.

There is medial greater than lateral tibiofemoral spur formation with a slight degree of lateral subluxation of the tibia with respect to the femur. There is focal radial tearing involving the medial meniscal body. There is thickening and sprain of the medial collateral ligament extending to its femoral attachment site.

Osseous signal and morphology are, otherwise, unremarkable. The lateral meniscus, the lateral collateral ligament, the posterior cruciate ligament, quadriceps and patellar tendons are, otherwise, unremarkable.

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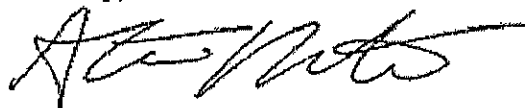
KNEE RIGHT MRI 73721

IMPRESSION:

- Prominent patellofemoral joint space narrowing with chondral surface erosion particularly at its lateral and inferolateral aspect where there is patellofemoral spur formation. Full-thickness chondral surface loss inferolaterally present. Chondral surface loss involving the medial patellar facet with erosion of the cortex also present. Alta position to the patella present. Patellofemoral effusion distending the suprapatellar bursa. Loose body laterally in the suprapatellar bursa measuring 2 cm in size. Several loose bodies along the posterior aspect of the capsule with several loose bodies extending at and perhaps slightly medial to the midline posteriorly and tracking along the posterior and posterolateral margin of the capsule with the largest of these loose bodies measuring 1.6 cm in size. I can identify at least seven loose bodies, all of which are measuring 5 mm or larger. Three loose bodies within 2.5-cm distended popliteal cyst, the largest loose body measuring 9 mm.
- Anterior cruciate ligament inhomogeneity and strain with pericruciate edema.
- Medial greater than lateral tibiofemoral spur formation with slight degree of lateral subluxation of the tibia with respect to the femur.
- Focal radial tearing involving the medial meniscal body.
- Thickening and sprain of the medial collateral ligament extending to its femoral attachment site.

Thank you for referring your patient to us for evaluation.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

SW/MM