

**Bronx Diagnostic Radiology, P.C.**

2500 St. Raymond Avenue  
Bronx, NY 10461

Phone: (718) 369-1200

Fax: (718) 223-2932

PATIENT NAME: Maria Fuentes  
DOB: 12/2/1987  
DATE OF SERVICE: 3/31/2022  
REFERRING DOCTOR: John J. McGee, D.O., FAAPMR

**MRI Left Knee:**

TECHNIQUE: Magnetic Resonance Imaging is Performed In Multiple Projections Utilizing T1/T2 Pulse Sequences.

**FINDINGS:**

Lateral patellar tilt and subluxation. Superficial varicose veins. Nonspecific cystic-type structure, consider ganglion synovial cyst, Baker's cyst and/or pes anserine bursitis posteromedially on the axial dataset. Subcortical cystic-type structure versus erosion and/or subchondral cyst nonspecifically distal femur, consider x-ray and/or postcontrast MRI to follow up a similar lesion of proximal fibula both about a couple of centimeters. The patient might be at risk of pathologic fracture particularly of the proximal fibula. Supra and infrapatellar plica. Hypertrophic tibial tuberosity. Grade I to II LCL sprain. MCL complex is unrevealing. Irregular heterogeneous partially torn anterior cruciate ligament. Posterior cruciate ligament unrevealing. Menisci are small, but intact. Meniscal cups and meniscofemoral and transverse meniscal ligaments are unrevealing.

**IMPRESSION:**

1. Partial ACL tear.
2. Grade I to II LCL sprain.
3. Some joint space narrowing.
4. Some degree of joint fluid.
5. Supra and infrapatellar plica.
6. Hypertrophic tibial tuberosity.
7. Bone lesions in distal femur and proximal tibia as described, consider followup postcontrast MRI, x-ray correlation for further evaluation.

Thank you for the courtesy of this consultation.



Robert Solomon, M.D.

Diplomat, American Board of Radiology

Close

Print

**UK Sinha Physician, P.C.**

102-31 Jamaica Ave.  
Richmond Hill, NY 11418  
Ph: 718-480-1130 Fax: 718-480-1132  
usinhaorthopedics@gmail.com

---

Date: 08-08-22

**NF Forms**

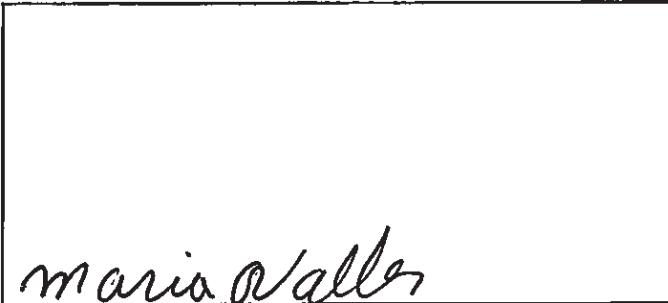
I, Ovalles - Barros Maria hereby authorize **UK Sinha Physician, P.C.**

to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

**WC Forms**

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)



(Please sign within the box with black ink)

**UK Sinha Physician, P.C.**

102-31 Jamaica Ave.  
Richmond Hill, NY 11418  
Ph: 718-480-1130 Fax: 718-480-1132  
usinhaorthopedics@gmail.com

---

Date: 08-08-22

**NF Forms**

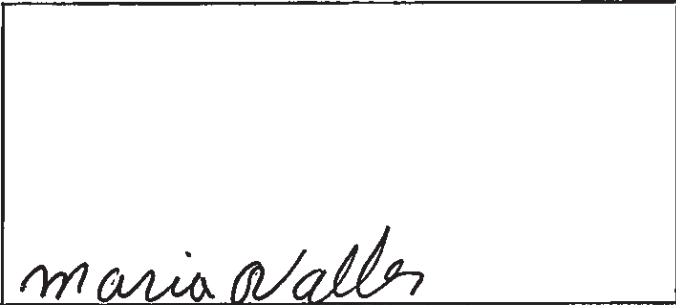
I, Ovalles - Barros Maria hereby authorize **UK Sinha Physician, P.C.**

to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

**WC Forms**

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)



(Please sign within the box with black ink)