STAR MEDICAL IMA(PC

141 E. Merrick Road Valley Stream, NY, 11580 Phone:(516) 604-0707 Fax:(516) 399-1100

PATIENT NAME:

ISMAEL RUSSELL

REFERRING PHYSICIAN:

PHYLLIS GELB

SERVICE:

MRI LEFT KNEE

DATE OF SERVICE:

06/23/2022

MRI SCAN OF THE LEFT KNEE

HISTORY: History of MVA.

TECHNIQUE: Non-contrast MRI of the left knee was performed utilizing multiplanar and multisequence

acquisition.

FINDINGS:

There is no evidence of fracture, dislocation, or bone marrow abnormalities to be suspicious for bone contusions, stress fractures, or acute trabecular microfractures. There is joint fluid compatible with synovitis. Fluid is also present in the proximal tibiofibular joint likewise compatible with synovitis. There is no evidence of popliteal cyst formation or muscular tear.

The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes are intact.

The popliteal and quadriceps tendons and the patellar ligament are unremarkable. The patellar retinacula are intact.

A single image demonstrates a linear hyperintense signal extending to the inferior articular surface of the posteromedial meniscal horn. Since the finding is only seen on a single image, this is consistent with a Grade 2B signal (from the literature, 50% are positive for tears) and compatible with a posteromedial meniscal tear.

The medial and lateral meniscal structures are otherwise intact. No other meniscal tears are suspected.

IMPRESSION:

Presence of joint fluid compatible with synovitis and fluid in the proximal tibiofibular joint also compatible with synovitis.

Posteromedial meniscal tear as discussed in the body of the report.

The anterior and posterior cruciate ligaments as well as the medial and lateral collateral ligament complexes are intact.

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Thank you for the courtesy of this consultation.

John D. Honsup

John Lyons, M.D.

Radiologist

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