



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

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PATIENT:	AUSTIN, LOUIS	EXAM DATE:	09-Nov-2022 1:32 PM
STUDY DESCRIPTION:	MRI KNEE WITHOUT CONTRAST (JOINT) LT	MRN:	AUSL1364
DOB:	11-Dec-1948	REFERRING PHYSICIAN:	Jurkovich, Michael M.D.
CLINICAL HISTORY:	NF PAIN IN LT KNEE DUE TO MVA	GENDER:	M

MRI LEFT KNEE WITHOUT IV CONTRAST

CLINICAL HISTORY: Pain at the time of MVA

COMPARISON: None

DESCRIPTION:

multiplanar , multiecho pulse sequences were performed. No iv contrast was given

BONY STRUCTURE/ BONE MARROW: there is no fracture or dislocation. There is no abnormal bone marrow signal. There are multiple scattered less than 1 cm benign bone cyst in the posterior femur and tibia with adjacent edema

LIGAMENT

acl: There is increased signal along the ACL on the sagittal proton density sequence of stenting and sprain from underlying trauma sequela

pcl: Ligament fibers are intact with no tears

mcl: Ligament fibers are intact with no tears

lcl: Ligament fibers are intact with no tears

JOINT

medial knee compartment; there is a tear seen in the posterior horn. The meniscus is normal.



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lateral knee compartment: Meniscus and cartilage are intact
patellafemoral compartment: normal cartilage cartilage is intact

MUSCLE: No muscle edema or fatty atrophy

SYNOVIAL / JOINT: No synovial hypertrophy or joint fluid

EXTENSOR MECHANISM: Quadracep tendon is normal. There is
peritendinitis of the patella tendon with adjacent soft tissue edema

NEUROVASCULAR BUNDLE: normal in caliber and contour

SOFT TISSUE: unremarkable

IMPRESSION:

1. Posterior horn medial meniscus tear
- 2.ACL sprain with adjacent edema from underlying trauma sequela
- 3.peritendinitis of the patella tendon with adjacent soft tissue edema

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Digitally Signed Date: 11-Nov-2022 12:20 PM