STAND-UP MRI OF BROOKLYN, P.C.
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MULTI-POSITION™MRI Accredited by the American College of Radiology

TIFFANY W JACKSON **N10095490-PS** **Report Date:** 05/20/2022
DOB: 01/06/1980
Exam Date: 05/18/2022

ADNAN QURESHI MD
14 BRUCKNER BLVD
BRONX, NY 10454

MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position.

HISTORY: Patient complains of right knee pain.

INTERPRETATION: There is lateral patellar subluxation. There is thinning of the chondral surface of midline of the patella with underlying subcortical reactive bone marrow change, primarily at the inferior portion of the patella. There is generalized thinning of the chondral surface of the trochlear portion of the femur which is diffuse. There is superior patellar tendinosis/tendinopathy. There is prepatellar subcutaneous edema.

The anterior cruciate ligament demonstrates a highly attenuated and partially torn anteromedial bundle with a thickened and sprained posterolateral bundle associated with pericruciate edema.

Medial meniscal body demonstrates truncation and free margin tearing extending toward the body-anterior horn junction. The remnant of medial meniscal body and body-anterior horn junction is mostly extruded outside the medial and anteromedial tibiofemoral joint margin. There is anteromedial tibiofemoral joint space narrowing. Strain of medial collateral ligament at its femoral attachment site is present.

There is free edge truncation and radial tear also involving the lateral meniscal body which its remnant is extruded outside the lateral tibiofemoral joint compartment contributing to lateral tibiofemoral joint space narrowing.

There is variant marrow pattern involving distal femur which is not an uncommon finding in overweight females.

There is a thin, elongated popliteal cyst having approximately 1.2-cm component superior to the posterosuperior capsule attachment site on the medial femoral condyle, likely extending toward the joint margin with a thin pedicle.

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

IMPRESSION:

- Lateral patellar subluxation. Thinning of the chondral surface of midline of the patella with underlying subcortical reactive bone marrow change, primarily at the inferior portion of the patella. Generalized thinning of the chondral surface of the trochlear portion of the femur which is diffuse. Superior patellar tendinosis/tendinopathy. Prepatellar subcutaneous edema.

- Anterior cruciate ligament highly attenuated and partially torn anteromedial bundle with a thickened and sprained posterolateral bundle associated with periruciate edema.

- Medial meniscal body truncation and free margin tearing extending toward the body-anterior horn junction. The remnant of medial meniscal body and body-anterior horn junction is mostly extruded outside the medial and anteromedial tibiofemoral joint margin. Anteromedial tibiofemoral joint space narrowing. Strain of medial collateral ligament at its femoral attachment site.

- Free edge truncation and radial tear also involving the lateral meniscal body which its remnant is extruded outside the lateral tibiofemoral joint compartment contributing to lateral tibiofemoral joint space narrowing.

- Thin, elongated popliteal cyst having approximately 1.2-cm component superior to the posterosuperior capsule attachment site on the medial femoral condyle, likely extending toward the joint margin with a thin pedicle.

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/JR