

PATIENT NAME: SANTIAGO ANGELA  
REFERRING PHYSICIAN: DR. MATHEW

DOB: 04/21/1985  
DOS: 07/07/2022

### **MRI OF THE LEFT KNEE**

**INDICATION:** Pain.

**TECHNIQUE:** Multiple T1 and T2 weighted MRI images of the left knee were obtained in the axial, sagittal and coronal planes without intravenous contrast.

**FINDINGS:** Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, or marrow infiltration in the distal femur, proximal tibia, and fibula. The patellar-retinacular are intact. The distal quadriceps tendon, the patellar tendon, the lateral collateral, the fibular collateral ligaments, and the iliotibial band are intact. The ACL, the PCL, and lateral meniscus are intact.

The adjacent musculature is intact without strains, atrophy or fatty infiltration. There is no joint effusion. There are no masses or fluid collections.

There is horizontal tear in the posterior horn of the medial meniscus. There are several subcentimeter erosive/osteocondral lesions on the weightbearing articular surface of the medial femoral condyle and on the patellar articular surface. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. There are mild-to-moderate osteoarthritic changes.

### **IMPRESSION:**

1. Horizontal tear in the posterior horn of the medial meniscus.
2. Several subcentimeter erosive/osteocondral lesions on the weightbearing articular surface of the medial femoral condyle and on the patellar articular surface.
3. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.
4. Mild-to-moderate osteoarthritic changes.

*Steve B. Losik M.D.*

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Steve B. Losik, M.D.  
Board Certified Radiologist  
Electronically Signed