

Westchester Radiology & Imaging, PC

933 Saw Mill River Road

Ardsley, NY 10502

Phone: 914-740-1188 Fax: 914-478-0303

PATIENT:

WILLIAMS ANTHONY

DOB:

02/16/1966

PHYSICIAN:

DR. FERSEL

EXAM DATE:

06/02/2022

MRI OF THE RIGHT KNEE

INDICATION: Pain.

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

FINDINGS: There are no acute fractures or dislocations in the distal femur, proximal tibia, fibula and the patella. The patellar retinacula are intact. The distal quadriceps tendon, the patellar tendon, the fibular collateral ligaments and the iliotibial band are intact. The PCL is intact. There are no masses or fluid collections. The adjacent musculature is intact without strains, edema, atrophy or fatty infiltration.

There is a tear in the anterior root attachment of the lateral meniscus. There is complex tear of the posterior horn/body of the medial meniscus. The ACL appears thickened and heterogeneous suggestive of a sprain, in an appropriate clinical setting. There are several subcentimeter erosive/osteochondral lesions on the articular surface of the medial femoral condyle and 7.0 mm osteochondral lesion with underlying bone marrow edema on the articular surface of the lateral tibial plateau. There are moderate osteoarthritic changes. Moderate joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

IMPRESSION:

- 1. Tear in the anterior root attachment of the lateral meniscus.
- 2. Complex tear of the posterior horn/body of the medial meniscus.
- 3. ACL appears thickened and heterogeneous suggestive of a sprain, in an appropriate clinical setting.
- 4. Several subcentimeter erosive/osteochondral lesions on the articular surface of the medial femoral condyle and 7.0 mm osteochondral lesion with underlying bone marrow edema on the articular surface of the lateral tibial plateau.

6/6/92

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5. Moderate ostcoarthritic changes.

6. Moderate joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

Steve B. Losik, M.D.

Board Certified Radiologist
Electronically Signed

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