

STAND-UP MRI OF THE BRONX, P.C.

2050 Eastchester Road, Suite 1B • Bronx, NY 10461 Phone: 718.678.1970 • Fax: 718.678.1975

MULTI-POSITION"MRI

Accredited by the American College of Radiology

WATSON JONES

N10074930-BI

Report Date:

04/01/2022

DOB:

05/06/1970

Exam Date:

03/31/2022

JOHN GRECO MD 1767 SOUTHERN BLVD STE 2 BRONX, NY 10460

MRI OF THE LEFT KNEE WITHOUT CONTRAST

INDICATION: The patient complains of left knee pain with difficulty walking.

COMPARISON: No prior studies were available for comparison at the time of dictation.

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 9 degree tilt position.

FINDINGS:

Complex tear of the body and posterior horn of the medial meniscus extending partially into the posterior root with extrusion of the body. Sprain of the MCL. Tendinopathy/thickening of the patellar tendon which inserts into a 1 cm ossicle at the tibial tuberosity. Severe medial and patellofemoral compartment joint narrowing with diffuse full-thickness cartilage loss and marginal osteophytes. Moderate sized joint effusion with synovitis.

No fracture. Bone marrow signal is normal. No patellar tilt or subluxation. The lateral meniscus is intact.

ACL is intact. PCL is intact. Lateral (fibular) collateral ligament is intact. Conjoined tendon is intact. Popliteus tendon is normal.

Ouadriceps tendon is intact. Patellofemoral ligaments are intact.

No popliteal cyst. No intra-articular loose body. Visualized muscle signal is normal.

IMPRESSION:

- 1. Complex tear of the body and posterior hom of the medial meniscus extending partially into the posterior root with extrusion of the body.
- 2. Sprain of the MCL.
- 3. Tendinopathy/thickening of the patellar tendon which inserts into a 1 cm ossicle at the tibial tuberosity.

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 Severe medial and patellofemoral compartment joint narrowing with diffuse fullthickness cartilage loss and marginal osteophytes.

5. Moderate sized joint effusion with synovitis.

Sincerely,

Priyesh Patel, MD

Certified, American Board of Radiology Musculoskeletal and Spine Specialist

PP/ad