

Patient: COUSINS, GILBERT  
Date of Birth: 01-29-1951  
Phone: (646) 624-4696  
MRN: K134064 Acc: KR191690  
Date of Exam: 04-25-2022

Exam requested by:  
HARRISON LAVE MD  
3048 BRIGHTON 1ST STREET , 3RD FLR  
BROOKLYN NY

**EXAM: MRI-KNEE WITHOUT CONTRAST LEFT**

**TECHNIQUE:** Sagittal proton density and proton density fat saturated images, coronal T1 fast spin echo and proton density fat saturated images and axial proton density fat saturated images in a 1.5 tesla magnet were obtained.

**INDICATION:** Status post trauma

**FINDINGS:** There is a long flap tear of the inferior articular surface of the posterior horn and body of the medial meniscus extending to its root attachment. There is posterior capsular disruption with subcapsular fluid and soft tissue edema.

There is a tear of the anterior horn and body of the lateral meniscus.

There is also a high-grade tear of the posterior horn of the lateral meniscus extending to its root attachment.

There is a partial tear of the anterior cruciate ligament. The posterior cruciate ligament is intact.

The medial and lateral collateral ligaments are intact.

There is a 5 centimeter area of avascular necrosis in the distal femoral metaphysis.

There is a complete comminuted nondisplaced fracture of the patella extending to both superior and inferior poles and to the patellofemoral articulation. There is extensive associated marrow edema. There is also a large joint effusion and prepatellar and infrapatellar soft tissue edema.

There is a partial tear of the origin of the infrapatellar ligament. There is no retraction.

The quadriceps tendon is intact.

There is a 2 centimeter area of subchondral marrow edema in the central weight-bearing aspect of the lateral femoral condyles extending into the trochlea due to a nondisplaced trabecular fracture versus evolving osteochondral defect.

There is also juxta-articular subchondral marrow edema in the lateral tibial plateau.

There are tears of the patellar retinacula with no subluxation.

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There is a large joint effusion

**IMPRESSION:** There is a complete comminuted nondisplaced acute to subacute fracture of the patella extending to both superior and inferior poles and the patellofemoral articulation. There is extensive associated marrow edema and large joint effusion as well as prepatellar and infrapatellar soft tissue edema.

There are tears of the patellar retinacula with no subluxation.

There is also a 2 centimeter area of subchondral marrow edema in the central weight-bearing aspect of the lateral femoral condyle extending to the trochlea due to a nondisplaced trabecular fracture versus evolving osteochondral defect. There are also juxta-articular areas of subchondral marrow edema in the lateral tibial plateau.

There is a long flap tear of the inferior articular surface of the posterior horn and body of the medial meniscus extending to its root attachment. There is posterior capsular disruption with subcapsular fluid and soft tissue edema.

There is also a tear of the anterior horn and body of the lateral meniscus.

Finally there is a high-grade tear of the posterior horn of the lateral meniscus extending to its root attachment.

Partial tear of the anterior cruciate ligament.

There is a 5 centimeter area of avascular necrosis in the distal femoral metaphysis.

Large joint effusion

Thank you for the opportunity to participate in the care of this patient.

Kolb, Thomas

*Electronically Signed: 04-26-2022 8:56 AM*

