



MULTI-POSITION MRI

**STAND-UP MRI OF MANHATTAN, P.C.**301 and 305 (Suite 102) E. 55th Street • New York, NY 10022  
Phone: 212.772.2300 • Fax: 212.772.2032**STAND-UP MRI, CT MRI****MARY FREEMAN****N10111962-  
ME****Report Date: 07/17/2022****DOB: 06/05/1957****Exam Date: 07/15/2022****JOHN MCGEE DO  
14 BRUCKNER BLVD  
BRONX, NY 10454****MRI OF THE LEFT KNEE WITHOUT CONTRAST****INDICATION:** Pain, MVA**COMPARISON:** No prior studies were available for comparison at the time of dictation.**TECHNIQUE:** T1, T2, and PD axial, coronal, and sagittal sequences without intravenous contrast.**FINDINGS:**

Complex tear and maceration of the body and posterior horn of the medial meniscus partially extending into the posterior root with extrusion of the body. The lateral meniscus is intact. Interstitial tear and sprain of the ACL. Medial compartment joint narrowing with high-grade cartilage loss and marginal osteophytes. High-grade patellofemoral cartilage loss. Tendinopathy of the patellar tendon. Small joint effusion.

No fracture. Bone marrow signal is normal. No patellar tilt or subluxation.

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

Quadriceps tendon is intact. Patellofemoral ligaments are intact.

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

**IMPRESSION:**

- Complex tear and maceration of the body and posterior horn of the medial meniscus partially extending into the posterior root with extrusion of the body.
- Interstitial tear and sprain of the ACL.

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- Medial compartment joint narrowing with high-grade cartilage loss and marginal osteophytes. High-grade patellofemoral cartilage loss.
- Tendinopathy of the patellar tendon.
- Small joint effusion.

Thank you for referring your patient to us for evaluation.

Sincerely,



Priyesh Patel, MD  
Certified, American Board of Radiology  
Musculoskeletal and Spine Specialist  
PP/ad

