

**Bronx Diagnostic Radiology, P.C.**

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Bronx, NY 10461

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PATIENT NAME: Delsi M Soto  
DOB: 10/30/1957  
DATE OF SERVICE: 9/26/2022  
REFERRING DOCTOR: Adnan A. Qureshi, M.D.

**MRI Left Knee:**

TECHNIQUE: Magnetic Resonance Imaging Is Performed In Multiple Projections Utilizing T1/T2 Pulse Sequences.


**FINDINGS:**

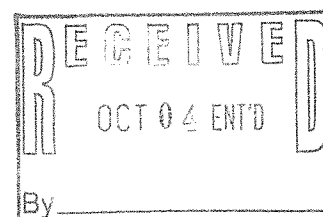
Joint effusion is noted. Baker's cyst versus pes anserine bursitis posteromedially. Fluid collections, ganglion or synovial cyst, synovial hyperemia. Suprapatellar plica. Quadriceps and patellar tendinosis and tendinitis. Effusion. Anterior cruciate ligament heterogeneous, thickened, irregular, fluid in the intercondylar notch, partially torn. Posterior cruciate ligament is unrevealing. Tearing of the bodies of the medial and lateral menisci, worse laterally on the coronal dataset. Meniscocapsular separation laterally. Lateral collateral ligament, lateral capsular ligament partially torn. Iliotibial band syndrome, hypertrophy of Gerdy's tubercle of proximal fibula on the coronal dataset. Tear of the anterior and posterior horns of the medial and lateral menisci on the sagittal sequence.

**IMPRESSION:**

1. Medial and lateral meniscal tearing.
2. ACL disruption.
3. Lateral collateral ligament and lateral capsular tearing, lateral trauma.
4. Ganglion or synovial cyst, synovial hyperemia, fluid collection.
5. Iliotibial band syndrome.
6. Cystic type structure, ganglion, synovial cyst, Baker's cyst versus pes anserine bursitis, extensive fluid like areas medially on multiple orthogonal sequences.
7. Effusion.
  - Suprapatellar plica.
  - Quadriceps and patellar tendinosis and tendinitis.
10. Prepatellar edema and/or bursitis.
11. Lateral patellar tilt and subluxation, consider medial rotinacular strain.

Thank you for the courtesy of this consultation.

  
Robert Solomon, M.D.  
Diplomat, American Board of Radiology



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