

New York Medical & Diagnostic Care P.C.  
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PATIENT NAME: Joseph, Kesner  
DATE OF BIRTH: 5/06/65  
REFERRING PHYSICIAN: Dr. Stanley Kim  
DATE OF EXAM: 7/06/22  
MRI OF THE RIGHT KNEE:

**TECHNIQUE:** Sagittal, axial and coronal images of the right knee were performed using spin-echo and gradient echo pulse sequences.

**CLINICAL HISTORY:** Pain.

**FINDINGS:** Marrow signal is unremarkable. The distal femur and proximal tibia are intact. There is no osteonecrosis or fracture. There are large cystic collections in the soft tissues both medially and laterally.

There is a joint effusion noted.

There is quadriceps and patellar tendinosis/tendonitis. There is a supra and infrapatellar plica. The patella is partially sprained and/or disrupted with a likely patella tracking abnormality. There is no chondromalacia or mass in the posterior compartment.

The ACL is not well seen suggestive of a high grade tear. The PCL is intact. There is a partial LCL tear suggestive of trauma. The MCL complex is intact. There is evidence of tearing of the medial and lateral tearing.

**IMPRESSION:**

1. The ACL is not well seen suggestive of a high grade tear.
2. Joint effusion.
3. Partial LCL tear suggestive of trauma.
4. Large cystic collections in the soft tissues both medially and laterally.
5. Quadriceps and patellar tendinosis/tendonitis. The patella is partially sprained and/or disrupted with a likely patella tracking abnormality. Supra and infrapatellar plica.
6. Evidence of tearing of the medial and lateral tearing.

Thank you for the courtesy of this consultation.



Robert D. Solomon, M.D.  
Board Certified Radiologist

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