



Westchester Radiology & Imaging, PC

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PATIENT: SANTIAGO ANGELA
DOB: 04/21/1985
PHYSICIAN: DR. MATHEW
EXAM DATE: 06/02/2022

MRI OF THE LEFT KNEE

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the left knee were obtained in the axial, sagittal and coronal planes without intravenous contrast.

FINDINGS: Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures or dislocations in the distal femur, proximal tibia, and fibula. The patellar retinacular are intact. The distal quadriceps tendon, the patellar tendon, the lateral collateral, the fibular collateral ligaments and the iliotibial band are intact. The ACL, the PCL, and lateral meniscus are intact.

The adjacent musculature is intact without strains, atrophy or fatty infiltration. There is no joint effusion. There are no masses or fluid collections.

There is an oblique tear in the posterior horn of the medial meniscus. There are several subcentimeter erosive/osteocondral lesions on the articular surface of the lateral femoral and 6 mm osteochondral lesions with underlying bone marrow edema on the lateral patellar facet. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.

IMPRESSION:

1. Oblique tear in the posterior horn of the medial meniscus.
2. Several subcentimeter erosive/osteocondral lesions on the articular surface of the lateral femoral and 6 mm osteochondral lesions with underlying bone marrow edema on the lateral patellar facet.

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3. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.

Steve B. Losik M.D.

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Board Certified Radiologist
Electronically Signed