



STAND-UP MRI OF BENSONHURST, P.C.

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MULTI-POSITION MRI

Accredited by the American College of Radiology

STELLA TEVOEDJRE
DOB: 07/05/1967
Exam Date: 07/18/2022

N10110663-BE Report Date: 07/18/2022

AJOY SINHA MD
1314 CONEY ISLAND AVE
BROOKLYN, NY 11230

Amended 07/22/2022 (Referring Physician)

MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position.

HISTORY: The patient complains of bilateral knee pain, clicking sound, swelling, rule out internal derangement, status post MVA 2/14/2022.

INTERPRETATION: There is diffuse patellar tendinosis/tendinopathy greatest superiorly and inferiorly and there is patellofemoral spur formation with joint space narrowing with diffuse patellofemoral chondral surface thinning greater laterally than medially. There is a paucity of patellofemoral synovial fluid accumulating medially and laterally and there is edema in the prepatellar subcutaneous tissues.

The anterior cruciate ligament demonstrates strain with pericruciate edema.

There is lateral subluxation of the tibia with respect to the femur. There is medial and lateral tibiofemoral spur formation.

The medial meniscus is severely eroded and torn with loss of meniscal substance prominently involving the posterior horn and body-posterior horn junction. The body of the medial meniscus demonstrates radial tearing with complete extrusion of its remnant outside the medial tibiofemoral joint compartment which impresses on the medial collateral ligament displaces it away from the joint in conjunction with medial femoral condyle spur formation. There is severe medial tibiofemoral joint space narrowing with chondral surface thinning and subcortical reactive bone marrow edema involves the medial weightbearing margin of the medial femoral condyle and medial tibial plateau, extending posteromedially at the medial tibial plateau in particular. There is strain of the medial collateral ligament.

There is subcortical cystic and reactive change associated with the tibial spines more so medially.

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There is thinning of the chondral surface centrally at the lateral tibiofemoral articulation.

Lateral tibiofemoral spur formation is present.

There is generalized volume loss of the muscular structures of the lower calf particularly involving the distal quadriceps muscles visualized.

There is a slight degree of lateral patellar tilt and subluxation.

Osseous signal and morphology are otherwise unremarkable. The lateral meniscus, lateral collateral ligament, posterior cruciate ligament, quadriceps tendon are otherwise unremarkable.

IMPRESSION:

- Diffuse patellar tendinosis/tendinopathy greatest superiorly and inferiorly and there is patellofemoral spur formation with joint space narrowing with diffuse patellofemoral chondral surface thinning greater laterally than medially.
- Paucity of patellofemoral synovial fluid accumulating medially and laterally and there is edema in the prepatellar subcutaneous tissues.
- Anterior cruciate ligament demonstrates strain with pericruciate edema.
- Lateral subluxation of the tibia with respect to the femur.
- Medial and lateral tibiofemoral spur formation.
- Medial meniscus is severely eroded and torn with loss of meniscal substance prominently involving the posterior horn and body-posterior horn junction. The body of the medial meniscus demonstrates radial tearing with complete extrusion of its remnant outside the medial tibiofemoral joint compartment which impresses on the medial collateral ligament displaces it away from the joint in conjunction with medial femoral condyle spur formation. There is severe medial tibiofemoral joint space narrowing with chondral surface thinning and subcortical reactive bone marrow edema involves the medial weightbearing margin of the medial femoral condyle and medial tibial plateau, extending posteromedially at the medial tibial plateau in particular.
- Strain of the medial collateral ligament.

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- Subcortical cystic and reactive change associated with the tibial spines more so medially.
- Thinning of the chondral surface centrally at the lateral tibiofemoral articulation.
- Lateral tibiofemoral spur formation.
- Generalized volume loss of the muscular structures of the lower calf particularly involving the distal quadriceps muscles.
- Slight degree of lateral patellar tilt and subluxation.

Thank you for referring your patient to us for evaluation.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

SW/BC

amended by lb 07/22/2022