

COMMUNITY MEDICAL IMAGING

OF BROOKLYN

ACR Accredited Facility

2102 Ave Z • Brooklyn, NY 11235 • Tel: 718-455-4444 • Fax: 718-615-2121

UPENDRA SINHA, M.D.
1314 CONEY ISLAND AVENUE
BROOKLYN, NY 11230

PATIENT: JUDITH CORDOVA
DOB: 09/22/1968
DOS: 03/18/2022
CHART #: 24682
EXAM: MRI OF THE LEFT KNEE WITHOUT CONTRAST

HISTORY: Medial pain, rule out medial meniscal tear.

COMPARISON: None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

TECHNIQUE: Multiplanar MR imaging of the left knee was performed without contrast on Hitachi open MRI unit.

Coronal PD, T2 and STIR; Sagittal PD and PD fat suppressed; axial T2 and T2 fat suppressed of the knee were obtained.

FINDINGS: The quadriceps tendon is intact.

Moderate tendinopathy changes are seen distally at the patellar tendon. There is a prominent contusion over the patellar tendon. Small joint effusion is noted. Small cysts are seen posteriorly at the tibial plateau medially measuring 3 to 4 mm.

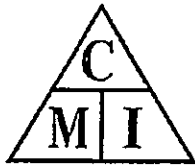
Grade I injury of the medial collateral ligament is seen. The lateral collateral ligament is unremarkable. There is no fracture.

PCL is unremarkable. There is slight disorganization of fibers of the ACL distally. There is no laxity. Lateral meniscus is unremarkable. There is slight blunting of the inner edge noted at the anterior horn of the medial meniscus.

There is no Baker's cyst.

IMPRESSION:

1. AN INTERSTITIAL TEAR OF THE ACL IS NOTED DISTALLY, AS DESCRIBED. THERE IS NO LAXITY.
2. THERE IS A PROMINENT CONTUSION OVER THE PATELLAR TENDON AND TIBIAL TUBEROSITY. TENDINOPATHY CHANGES ARE SEEN AT THE DISTAL PATELLAR TENDON.



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3. A VERTICAL TEAR IS NOTED AT THE INNER EDGE SEEN AT THE ANTERIOR HORN OF THE MEDIAL MENISCUS.

Thank you for referring this patient to us.

Andrew McDonnell, MD

Neuroradiologist

Diplomate, American Board of Radiology

AM/man/pr D: 03/18/2022

E-Sig By A. McDonnell, MD on 03/19/2022 10:37:49