## **Community Medical Imaging**

ACR Accredited Facility 159-16 Union Tpke • Fresh Meadows, NY 11366 Tel: 718-275-1010 • Fax: 718-591-3300

PERVAIZ QURESHI, M.D. 79-09 B NORTHERN BLVD JACKSON HEIGHTS, NY 11372

PATIENT: EDWARD A. BELLO MACHIN

DOB: 11/02/1980 DOS: 06/21/2022 CHART #: 25256

EXAM: MRI OF THE RIGHT KNEE WITHOUT CONTRAST

HISTORY: Anterior pain.

TECHNIQUE: Multiplanar MR imaging of the right 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.

COMPARISON: None.

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

FINDINGS: Myxoid signal seen at the medial and lateral menisci. The medial meniscus is intact. There is attenuation of the anterior posterior body of the lateral meniscus. A horizontal tear is seen exiting close to the inner edge seen from the anterior body to posterior horn.

The PCL is unremarkable. The ACL is intact.

Patellofemoral compartment is unremarkable. There is no chondromalacia. There are no subchondral changes. Medial and lateral retinacula appear unremarkable.

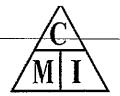
Quadriceps and patellar tendons are intact.

The medial and lateral collateral ligaments show no evidence of injury. There is no laxity.

There is no bone bruise. There is no fracture. There is no osteochondral defect.

Hoffa's fat pad is unremarkable. There are no loose bodies.

There is no muscular injury. There is no Baker's cyst. There are no incidental findings.



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PAGE 2

## IMPRESSION:

1. A HORIZONTAL MILDLY COMPLEX TEAR OF THE LATERAL MENISCUS IS SEEN FROM THE ANTERIOR HORN TO THE POSTERIOR HORN. THERE IS NO FOLDED COMPONENT.

2. SMALL JOINT EFFUSION IS SEEN WITHOUT EVIDENCE OF A LOOSE BODY.

Thank you for referring this patient to us.

Andrew McDonnell, MD

Neuroradiologist

Diplomate, American Board of Radiology

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