

PATIENT NAME: HAMILTON SHADEA
REFERRING PHYSICIAN: DR. NASSER

DOB: 02/27/1987
DOS: 10/18/2022

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: There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the distal femur, proximal tibia, fibula and the patella. 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 are no masses or fluid collections.

There is intrameniscal tear in the posterior horn of the medial meniscus. There is a 1.0 x 0.9 cm multilocular cyst in the mid tibial plateau which appears to be communicated with joint. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

IMPRESSION:

1. Intrameniscal tear in the posterior horn of the medial meniscus.
2. 1.0 x 0.9 cm multilocular cyst in the mid tibial plateau which appears to be communicated with joint.
3. Anterior subcutaneous soft tissue swelling and edema, consistent with recent trauma, in an appropriate clinical setting.
4. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

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Board Certified Radiologist
Electronically Signed