



1963 Grand Concourse, LL, Bronx, NY 10453
Tel: (718) 466-6400 Fax: (718) 466-4900
www.citimedny.com

PATIENT NAME: STOKES, SHANICE
DATE OF BIRTH: 05/06/1992
MRN #: BR47409
DATE OF SERVICE: 06/19/2022
REFERRING PHYSICIAN: JORDAN FERSEL, MD

MRI EXAMINATION OF THE RIGHT KNEE WITHOUT CONTRAST

INDICATION: Right knee pain. Status post MVA.

TECHNICAL FACTORS: MRI of the right knee utilizing multiple imaging sequences.

COMPARISON: None.

FINDINGS:

There is a large knee effusion containing plicae as well as a few scattered areas of debris. A small to moderate sized popliteal cyst is seen.

An oblique linear tear of the posterior horn of the medial meniscus is seen intersecting the inferior articular surface. No tear of the anterior horn is identified. There is a radial tear of the mid-body of the lateral meniscus with the posterior and anterior horns grossly intact.

There is a somewhat curved appearance of the ACL which demonstrates normal signal with a tear not seen. The PCL is intact with the possibility of an intrasubstance tear referable to its mid to femoral third. The included quadriceps and patellar tendons demonstrate no evidence of a tear. Small areas of fluid signal intensity are seen within Hoffa's fat pad with the quadriceps fat pad normal.

There is mild patellofemoral arthropathic change with the articular cartilage of the medial and lateral patellar facets normal with the patellar retinacula normal.

No lateral collateral ligament tears are seen with a Type I sprain of the medial collateral ligament. There is thinning of the articular cartilage of the medial joint compartment.

There is a comminuted fracture of the distal femur involving portions of the intercondylar region and to the greatest extent the lateral femoral condyle. Extensive marrow edema is seen in this region extending into the distal metaphyseal portion of the femur mainly seen laterally, although to a lesser extent involving the medial femoral condyle.

There are areas of edema involving portions of the lateral head of the gastrocnemius muscle.

IMPRESSION:

1. Large knee effusion containing several small areas of debris.



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2. Small to moderate size popliteal cyst.
3. Oblique linear tear of the posterior horn of the medial meniscus intersecting the inferior articular surface. Radial tear involving the posterior horn of the lateral meniscus.
4. Bowed appearance of the anterior cruciate ligament which demonstrates normal signal. This may relate to the sequela of an injury. Possible intrasubstance tear of the mid to femoral third of the posterior cruciate ligament.
5. Comminuted fracture of the distal lateral femoral condyle as well as portions of the distal femoral metaphysis laterally with areas of prominent adjacent marrow edema. CT correlation is recommended to better define the anatomy of the fracture fragments.
6. Type I strain of the lateral head of the gastrocnemius muscle.
7. Type I sprain of the medial collateral ligament.

Thank you for the opportunity to participate in the care of this patient.

A handwritten signature in black ink that reads "Michael D. Green MD". The signature is written in a cursive, flowing style.

MICHAEL D. GREEN, M.D.
Board Certified Diagnostic Radiologist

Signed by MICHAEL GREEN, MD at 06/22/2022 04:09:27 PM