

DAMADIAN MRI IN CANARSIE, P.C.**2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234****t 718.209.1070 f 718.209.1138****MOUSTAPHA ZABSONRE****N10114577-CA Report Date: 08/24/2022****DOB: 01/01/1985****Exam Date: 08/23/2022****MELLITA SHAKHMUROV PA****2088 FLATBUSH AVENUE****BROOKLYN, NY 11234***Amended 09/06/2022 (Referring Physician)***MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the recumbent position.**HISTORY:** The patient complains of left knee pain status post MVA.

INTERPRETATION: There is a large lateral meniscal tear involving the posterior horn extending to the superior meniscal surface with horizontal tear which intersects the meniscal surface near the free margin. The tear extends posterolaterally into the body-posterior horn junction where it also extends to the superior articular surface and extends into the body where a horizontal tear intersects the superior meniscal surface at its inner third and extends through the capsular margin at this region. The tear extends into the body-anterior horn junction with a horizontal tear which is associated with intrameniscal cyst measuring up to 7 mm in size peripherally at the anterior horn-body junction of the lateral meniscus. There is lateral tibiofemoral joint space narrowing particularly at its medial weightbearing articular surfaces.

There is strain of the anterior cruciate ligament with evidence of mucinous degeneration of the ACL. The posterior cruciate ligament demonstrates a more diffuse inhomogeneity and severe sprain with interstitial partial tearing but without rupture and extensive periligamentous edema surrounds the PCL which is diffusely abnormal.

The medial meniscus demonstrates a horizontal tear in the posterior horn intersecting the free margin extending to the capsular margin posteromedially at the body-posterior horn junction with a posteromedial tear of the meniscus extending to the superior meniscal surface near the free margin. There is thickening and sprain of the medial collateral ligament extending to its femoral attachment site.

There is a slight degree of lateral patellar subluxation and there is a popliteal cyst tracking superiorly from the joint line measuring up to 3 cm. There is distal greater than proximal patellar tendinosis/tendinopathy and distal quadriceps tendinosis/tendinopathy.

MOUSTAPHA ZABSONRE

N10114577

Exam Date:

08/23/2022

Page 2 of 3
KNEE LEFT MRI 73721

Osseous signal and morphology are otherwise unremarkable. The lateral collateral ligament is otherwise unremarkable.

IMPRESSION:

- Large lateral meniscal tear involving the posterior horn extending to the superior meniscal surface with horizontal tear which intersects the meniscal surface near the free margin. The tear extends posterolaterally into the body-posterior horn junction where it also extends to the superior articular surface and extends into the body where a horizontal tear intersects the superior meniscal surface at its inner third and extends through the capsular margin at this region. The tear extends into the body-anterior horn junction with a horizontal tear which is associated with intrameniscal cyst measuring up to 7 mm in size peripherally at the anterior horn-body junction of the lateral meniscus.
- Lateral tibiofemoral joint space narrowing particularly at its medial weightbearing articular surfaces.
- Strain of the anterior cruciate ligament with evidence of mucinous degeneration of the ACL.
- Posterior cruciate ligament more diffuse inhomogeneity and severe sprain with interstitial partial tearing but without rupture and extensive periligamentous edema surrounds the PCL which is diffusely abnormal.
- Medial meniscus horizontal tear in the posterior horn intersecting the free margin extending to the capsular margin posteromedially at the body-posterior horn junction with a posteromedial tear of the meniscus extending to the superior meniscal surface near the free margin.
- Thickening and sprain of the medial collateral ligament extending to its femoral attachment site.
- Slight degree of lateral patellar subluxation and a popliteal cyst tracking superiorly from the joint line measuring up to 3 cm.
- Distal greater than proximal patellar tendinosis/tendinopathy and distal quadriceps tendinosis/tendinopathy.

Thank you for referring your patient to us for evaluation.

Sincerely,

MOUSTAPHA ZABSONRE

N10114577

Exam Date:

08/23/2022

Page 3 of 3

KNEE LEFT MRI 73721



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