



Westchester Radiology & Imaging, PC

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PATIENT: JONES MIRANDA
DOB: 06/26/1977
PHYSICIAN: DR. QURESHI
EXAM DATE: 03/03/2022

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: Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, or marrow infiltration in the distal femur, proximal tibia, and fibula. 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 PCL and lateral meniscus are intact.

The adjacent musculature is intact without strains, edema, atrophy or fatty infiltration. There is no joint effusion. There are no masses or fluid collections.

There is an oblique tear in the posterior horn of the medial meniscus. There are several subcentimeter erosive/osteochondral lesions with underlying bone marrow edema on the patellar articular surface and 6.0 mm erosive/osteochondral lesion on the anterior articular surface of the lateral femoral condyle. The ACL appears thickened and heterogeneous suggestive of a sprain, in an appropriate clinical setting. There are mild-to-moderate osteoarthritic changes, most prominent in the patellofemoral compartment.

IMPRESSION:

1. Oblique tear in the posterior horn of the medial meniscus.
2. Several subcentimeter erosive/osteochondral lesions with underlying bone marrow edema on the patellar articular surface and 6.0 mm erosive/osteochondral lesion on the anterior articular surface of the lateral femoral condyle.

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3. ACL appears thickened and heterogeneous suggestive of a sprain, in an appropriate clinical setting.
4. Mild-to-moderate osteoarthritic changes, most prominent in the patellofemoral compartment.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed