

COMPREHENSIVE MRI OF WHITE PLAINS
(Comprehensive MRI of New York, P.C.)

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MARIAN SEABROOK

**N10125809-
WP**

Report Date: 09/12/2022

DOB: 05/21/1955

Exam Date: 09/08/2022

**MICHAEL JURKOWICH MD
607 WESTCHESTER AVE
BRONX NY 10455**

MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position on a high-field 1.5 Tesla magnet.

HISTORY: Patient complains of left knee pain with clicking sound and swelling.

COMPARISON: Comparison to prior MRI dated 10/12/2020.

INTERPRETATION: Horizontal intrasubstance tear remains within the posterior horn and body of the medial meniscus extending to the capsular insertion but does not appear to extend to a free articular surface. The grade 2 signal remains within the body of the lateral meniscus.

There is thinning of the articular cartilage in the medial joint compartment and small spurs line the medial joint margin. The lateral patellar tilt remains and patellofemoral chondromalacia with diffuse thinning of the patellofemoral articular cartilage. Subchondral fibrocystic changes and erosion of the overlying articular cartilage in the femoral trochlea and medial patellar facet. There is also a subchondral bone cyst measuring up to 8 mm and surrounding marrow edema within the posteromedial aspect of the lateral femoral condyle adjacent to the insertion side of the ACL which is new since the prior exam. 1 cm bone cyst remains within the proximal tibia slightly medial to the midline which is stable.

There is sprain of the medial collateral ligament which demonstrates heterogeneous intrasubstance signal abnormality approaching the proximal insertion on the medial femoral condyle and edema superficially.

There is a moderate-sized knee joint effusion and synovitis. Small popliteal fluid collection within the medial gastrocnemius/semimembranosus bursa extending into the pes anserinus bursa at the posteromedial aspect of the knee.

Osseous signal and morphology are otherwise unremarkable. The medial and lateral menisci, the medial and lateral collateral ligaments, the anterior and posterior cruciate ligaments, quadriceps and patellar tendons are otherwise unremarkable.

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MRI OF THE LEFT KNEE**IMPRESSION:**

- Horizontal intrasubstance tear remains within the posterior horn and body of the medial meniscus extending to the capsular insertion but does not appear to extend to a free articular surface. The grade 2 signal remains within the body of the lateral meniscus.
- Thinning of the articular cartilage in the medial joint compartment and small spurs line the medial joint margin.
- The lateral patellar tilt remains and patellofemoral chondromalacia with diffuse thinning of the patellofemoral articular cartilage.
- Subchondral fibrocystic changes and erosion of the overlying articular cartilage in the femoral trochlea and medial patellar facet.
- Subchondral bone cyst measuring up to 8 mm and surrounding marrow edema within the posteromedial aspect of the lateral femoral condyle adjacent to the insertion side of the ACL which is new since the prior exam.
- 1 cm bone cyst remains within the proximal tibia slightly medial to the midline which is stable.
- Sprain of the medial collateral ligament which demonstrates heterogeneous intrasubstance signal abnormality approaching the proximal insertion on the medial femoral condyle and edema superficially.
- Moderate-sized knee joint effusion and synovitis.
- Small popliteal fluid collection within the medial gastrocnemius/semimembranosus bursa extending into the pes anserinus bursa at the posteromedial aspect of the knee.

Thank you for referring your patient to us for evaluation.

Sincerely,



Ronald Wagner, M.D.
Diplomate of the American Board of Radiology
with added Qualifications in Neuroradiology
RW/rt2