

**AMI****American Medical Initiatives**

30-80 31st Street, Astoria, NY 11102  
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<b>PATIENT:</b>	ZAMBRANO, JORGE	<b>EXAM DATE:</b>	05/21/2022 10:00 AM
<b>STUDY DESCRIPTION:</b>	MRI KNEE WITHOUT CONTRAST (JOINT)	<b>MRN:</b>	ZAMJ68191
<b>DOB:</b>	05/03/1953	<b>REFERRING PHYSICIAN:</b>	Qureshi, Adnan
<b>CLINICAL HISTORY</b>	PAIN IN LEFT KNEE DUE TO MVA	<b>GENDER</b>	M

**MAGNETIC RESONANCE IMAGING OF THE LEFT KNEE WITHOUT IV CONTRAST**

**HISTORY:** Pain in both knees after motor vehicle accident.

**TECHNIQUE:** Multiplanar, multi-sequence MRI of the left knee was performed without intravenous contrast.

**COMPARISON:** None available.

**FINDINGS:**

**OSSEOUS STRUCTURES/MARROW:** No fractures or osteonecrosis.

**LIGAMENTS:**

**ANTERIOR CRUCIATE:** The anterior cruciate ligament is intact.

**POSTERIOR CRUCIATE:** The posterior cruciate ligament is intact.

**MEDIAL COLLATERAL LIGAMENT:** The medial collateral ligament is intact.

**LATERAL COLLATERAL LIGAMENT:** The lateral collateral ligament is intact.

**JOINT SPACES:**

**MEDIAL COMPARTMENT:** There is chondral thinning on both sides of the medial compartment with small marginal osteophytes and subchondral cysts.

**LATERAL COMPARTMENT:** Intact lateral meniscus and articular cartilage.

**PATELLOFEMORAL COMPARTMENT:** Articular cartilage intact.

**SYNOVIUM/ JOINT FLUID:** There is a joint effusion.

**MUSCLES:** No muscle edema or fatty muscle atrophy.

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**NEUROVASCULAR STRUCTURES:** Normal in course and caliber.

**EXTENSOR MECHANISM:** The suprapatellar fat pad shows significant hyperintense signal compatible with fat pad impingement. There is linear interstitial tearing of the distal quadriceps tendon superimposed on tendinitis. There is patellar tendinitis.

**PERIPHERAL SOFT TISSUES:** Normal.

**PLICAE:** No plicae demonstrated.

**IMPRESSION:**

1. Linear interstitial tearing of the distal quadriceps tendon superimposed on tendinitis.
2. Chondral thinning on both sides of the medial compartment with small marginal osteophytes and subchondral cysts.
3. Suprapatellar fat pad impingement.
4. Joint effusion.

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