

SAMPLE ANONYMIZED RADIOLOGY REPORT

(For Demonstration Purposes Only)

Patient Name: [Redacted]

DOB: [Redacted]

Gender: [Redacted]

Study Date: [Redacted]

Referring Physician: [Redacted]

Examination: MRI Left Knee Without Contrast

Clinical History: Pain

Technique: Multiplanar, multisequence MR imaging of the left knee was performed.

Comparison: Prior report dated 01/07/2025.

FINDINGS

Ligaments:

- There is increased T2/PDFS signal intensity with waviness of the anterior cruciate ligament fibers, associated with posterior cruciate ligament buckling and minimal anterior tibial translation. These findings are concerning for a high-grade partial tear versus near-complete tear of the ACL.
- The posterior cruciate ligament is intact.
- There is intrasubstance T2/PDFS hyperintensity and mild thickening involving the lateral collateral ligament complex, including the arcuate ligament and fabellofibular ligament, consistent with ligamentous sprain.
- The medial collateral ligament is intact.

Menisci:

- Grade I intrameniscal signal is seen within the anterior horn of the lateral meniscus without extension to an articular surface.
- There is a Grade II signal abnormality involving the posterior horn of the medial meniscus with extension toward the superior articular surface, suspicious for meniscal tear.

Joint Fluid / Cyst:

- Mild joint effusion is present.
- A Baker's cyst is identified in the posterior aspect of the knee.

Osseous Structures & Cartilage:

- Bone marrow signal is preserved without evidence of marrow edema, contusion, infarct, or fracture.
- Articular cartilage surfaces are preserved.

- Tibiofemoral and patellofemoral joint spaces are maintained.

Soft Tissues:

- Extensive subcutaneous and intramuscular soft tissue edema and contusion are noted.
- Quadriceps tendon and patellar tendon are intact.
- No vascular abnormality is identified.

IMPRESSION

- Findings concerning for high-grade partial versus near-complete tear of the anterior cruciate ligament with associated PCL buckling and minimal anterior tibial translation.
- Grade II signal abnormality of the posterior horn of the medial meniscus with extension toward the superior articular surface, suspicious for meniscal tear.
- Grade I intrameniscal signal within the anterior horn of the lateral meniscus.
- Sprain of the lateral collateral ligament complex including the arcuate and fabellofibular ligaments.
- Mild joint effusion.
- Baker's cyst.
- Extensive soft tissue contusion and edema.
- Compared to the prior MRI report dated January 7, 2025, there are interval findings of ACL injury, medial meniscal pathology, and lateral collateral ligament complex sprain as described above.

***Disclaimer:** This is a sample anonymized report for educational and demonstration purposes only. All patient identifiers have been removed.*