

Sample Report

Patient Name: XXXX XXXX
MR Number: 554017
Referred By: XXX XXXX, DO
Date of Birth: XX/XX/1948
Exam Date: 1/16/14
Exam Type: Right Knee

Location:
Office Fax:
Accession #: 174055

CLINICAL INFORMATION: 65-year-old female with pain in the knee since December 2013 with difficulties with the knee after squatting.

TECHNIQUE: Non-contrast images of the right knee performed on at 0.2 T system include coronal T1, STIR, sagittal PD (high resolution for menisci), T2, and PD fat sat and axial T2 weighted images.

FINDINGS:

Medial patellofemoral subluxation and lateral patellar tilt is associated with intermediate grade III chondromalacia along the lateral retropatellar setting, grade III-IV chondromalacia along the lateral retropatellar facet. The trochlear groove is slightly shallow. No retinacular defect. There is a minimal joint effusion. No acute patellofemoral marrow edema is identified to suggest a transient lateral patellar dislocation/relocation event. No tearing of the quadriceps or patellar tendons. There is a non-thickened suprapatellar and medial synovial plica. No evidence of Osgood-Schlatter's. Correlation for any patellofemoral symptoms is suggested.

Intact ACL, including the anteromedial band.

The PCL is intact.

Normal MCL including the meniscocapsular attachments, lateral collateral ligament complex, and popliteus tendon.

No marrow contusion of the posterolateral corner of the tibia or the condylopatellar sulcus of the femur.

Normal quadriceps and patellar tendons.

No lateral meniscal tear is identified. There is likely free-margin fibrillation of the lateral meniscal body.

More evident on the coronal images than on the sagittal images is grade II or grade III linear signal in the medial meniscal posterior horn weakly approaching the undersurface of the posterior horn apex. While the majority of the signal does not fulfill criteria for a tear, a horizontal cleavage tear of the posterior horn is suspected. Abnormal signal extends to the peripheral red zone. No displaced flap or fragment. No advanced osteoarthritis. Very slight endosteal marrow edema is noted along the medial femoral condyle without marked bone marrow edema or high grade femorotibial chondromalacia.

IMPRESSION (MRI OF THE RIGHT KNEE):

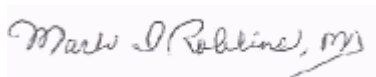
Grade III-IV patellofemoral chondromalacia is greater along the medial retropatellar facet. This finding in conjunction with the shallow trochlear groove and slight patella alta should be correlated for any patellofemoral symptoms. No acute patellofemoral marrow edema is identified to suggest a transient lateral patellar dislocation/relocation evident. There is minimal joint effusion and non-thickened suprapatellar and medial synovial plica.

Intact cruciate and collateral ligaments, popliteus tendon, and posterolateral corner of the tibia.

There is a probable horizontal cleavage tear of the medial meniscal posterior horn with abnormality only weakly approaching the undersurface of the posterior horn apex. If there is focal pain along the medial joint line, a posterior horn meniscal tear would be probable. No lateral meniscal tear is evident.

No femorotibial fracture, osteochondral lesion, or advanced osteoarthritis.

Thank you for your referral and the opportunity to provide your interpretation. If you have any questions about this report, please call 888.ART.4MRI (278.4674).



THIS REPORT WAS ELECTRONICALLY SIGNED
Mark I. Robbins, M.D.

MIR / pd

Dictated: 1/17/14 12:04 pm
Transcribed: 1/18/14 4:35 am
Signed: 1/18/14 8:26 am