Professional Imaging Consultants, Inc.

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Date of Report: May 2, 2013
Patient Name: **SAMPLE MRI KNEE**
Referring Dr. / Clinic: Jones Chiropractic
Date of Study: May 2, 2013

Radiology Report

MRI OF THE RIGHT KNEE WITHOUT CONTRAST:
Multiplanar multisequence images of the right knee were obtained without contrast.

CLINICAL HISTORY: 48-year-old male with a history of medial knee pain due to injury while playing basketball.

COMPARISON STUDIES: None are available

FINDINGS:
FLUID: Mild/moderate joint effusion.

OSSEOUS STRUCTURES: Mild amount of subchondral marrow edema posterior laterally at the lateral femoral condyle and the posterior lateral aspect of the tibial plateau. Findings compatible with a bone contusion. No evidence of macro- fracture. No marrow infiltration or bone destruction.

EXTENSOR MECHANISM: Quadriceps tendon, patella, patellar retinaculum, patellar tendon and tibial tuberosity are intact.

PATELLOFEMORAL JOINT: No appreciable patellar tilt although there is mild lateral patellar subluxation. Mild chondral thinning with signal alteration with surface regularity at the medial patellar facet without evidence of full thickness fissuring or defect. At the lateral compartment, moderate to marked chondral thinning with small areas of full thickness fissuring with subchondral cystic changes at the lateral patellar facet compatible high-grade chondromalacia. Mild to moderate marginal spurring laterally.

CRUCIATE LIGAMENTS: ACL is visualized along its entire course and is intact. Posterior cruciate ligament is normal in appearance.

MEDIAL FEMORAL TIBIAL COMPARTMENT:
Articular Cartilage /Subchondral Bone: Mild to moderate chondral thinning with chondral surface irregularity without evidence of full chondral fissuring or defect. Small area of subchondral edema at the medial femoral condyle likely due to reactive/stress related edema due to the arthritic change. No loose bodies.

Medial Meniscus: Anterior horn is intact. The body the medial meniscus is normal in appearance. Mild mucoid degeneration of the posterior horn. Horizontally oriented longitudinal tear extending from the posterior horn centrally towards the posterior horn-body junction extending to the tibial articular surface at the posterior body horn junction. Tear measures approximately 8 mm in length and is demonstrated on T2 and T1 sagittal images 8 and 9 and T1 and T2 coronal image 17 and 18).

Medial Collateral Ligament: No full-thickness tear of the MCL but there is mild amount of periligamentous edema at the femoral attachment compatible with grade 1 sprain.

LATERAL FEMORAL TIBIAL COMPARTMENT:
Articular Cartilage/Subchondral Bone: Normal joint spacing with normal chondral thickness and signal intensity. No reactive subchondral marrow signal. No loose bodies.

Lateral Meniscus: No meniscal tear or displacement. Mild mucoid degeneration at the posterior horn.

Posterior Lateral Corner Soft Tissues: Fibular collateral ligament, arcuate ligament, popliteus, iliotibial band, biceps femoris and remaining supporting soft tissues are intact.

CONTINUED

MUSCLES/TENDONS: Regional musculo-tendinous structures are intact.

PERI-ARTICULAR CYSTS: Multilobulated popliteal cyst posteriorly and medially measuring approximate 1.5 cm AP diameter, 2.2 cm at greatest width and approximately 3.0 in craniocaudal dimension.

SOFT - TISSUES: No soft tissue mass.

IMPRESSIONS:
1. Medial Meniscal Tear: Horizontal, longitudinal tear of the posterior horn extending towards the body horn junction. At the level of the body horn junction the tear extends to the tibial articular surface. Tear measures approximately 8 mm in length.

2. MCL Sprain: Grade 1 sprain at the femoral attachment.

3. Joint effusion: Mild-to-moderate.

4. Patellofemoral Arthrosis/Lateral Subluxation: Moderate to advanced arthrosis at the lateral compartment with milder changes at the medial compartment. Mild lateral patellar subluxation. Next

5. Medial Femoral Tibial Arthrosis: Mild-to-moderate arthrosis with mild subchondral reactive marrow edema at the medial femoral condyle.

6. Popliteal Cyst: Multilobulated popliteal cyst measuring 1.5 x 2.2 x 3.0 cm in AP, transverse and craniocaudal dimensions respectively.

7. Bone Contusion: Mild bone contusion at the posterior lateral corner involving the femoral condyle and tibial epiphysis.

8. ACL, PCL and soft tissues of the posterior lateral corner of the knee are intact. Lateral meniscus is intact.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on May 2, 2013 at 18:59:49.6093750
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