VALLEY MRI CENTER LODI MRI

MAGNETIC RESONANCE IMAGING OF RIGHT KNEE

PATIENT: ANDERSON, TIFFANY K **DATE:** 08/09/2011
DOB: 08/22/1970
MR#: 579139.0
REFERRING PHYSICIAN: GARY T MURATA MD
(W/C NETWORK) COAST 2 COAST DIAGNOSTICS

CLINICAL HISTORY: 40-year-old female complains of right knee pain and swelling since she walked into a metal bar on 06/29/11.

COMPARISON: Comparison is made with previous right knee MRI from 04/07/09 and 07/28/08.

SEQUENCES: Right knee MRI includes sagittal T1, proton density fat saturation, high-resolution proton density, coronal gradient echo and axial proton density fat saturation. This examination was performed on a Signa 1.5 Tesla.

FINDINGS: Lateral Compartment: There is apparent prior surgical truncation of the lateral meniscus. There is a recurrent horizontal superior surface tear of the lateral meniscus body extending into the anterior horn where it becomes an interstitial tear and subsequently exits the undersurface near the meniscal root. There is minimal marginal spurring and articular cartilage appears intact.

Patellofemoral Compartment: There is suggestion for mild lateral subluxation of the patellar apex relative to the trochlear groove. Articular cartilage intact.

Medial Compartment: There is no definite meniscal tear, but there may be a tear in the superior meniscocapsular ligament adjacent to the peripheral superior surface of the posterior horn. Articular cartilage intact.

Ligaments and Tendons: Cruciate, collateral, and patellar ligaments intact.

Miscellaneous: Trace joint fluid may be slightly greater than normal physiologic fluid, seen primarily within the suprapatellar recesses. No definite loose joint body. No Baker's cyst. Signal alteration tracking inferiorly along the pes anserine tendons may represent a mild pes anserine tendinopathy.

CONCLUSION:
1. Prior surgical truncation of the lateral meniscus with recurrent tear of the body and anterior horn described above.

(Continued)

CONCLUSION – CONTINUED:

2. No definite medial meniscus tear. However, there may be a tear of the superior meniscocapsular ligament adjacent to the periphery of the posterior horn.
3. Trace joint fluid and possible mild pes anserine tendinopathy.

DANIEL DIETRICH MD

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This document has been electronically signed and approved by DANIEL DIETRICH MD