

J. Smith
3302 Main Street
Somewhere, USA, 01234

PATIENT: J. SMITH
DOB: 01/25/1959
FILE #: 012345
PHYSICIAN: REFERRING
EXAM: MRI OF THE LEFT KNEE
DATE: 05/24/2005

CLINICAL INDICATION

Probable medial meniscal tear, pain for three weeks, torn cartilage.

TECHNIQUE

Coronal T1-weighted images were performed, followed by coronal inversion recovery sequences. This was followed by sagittal T1 and fast spin-echo T2-weighted sequences and axial fast spin-echo T2-weighted sequences. In addition, sagittal 3D volume gradient-echo sequences were carried out.

FINDINGS

Ligaments: The anterior and posterior cruciate ligaments are normal. The collateral ligaments are intact.

Menisci: The medial meniscus demonstrates a focal area of obliquely oriented surfacing signal extending to the superior articular surface of the posterior horn (reference images 5 and 6 of series 3 and 5) consistent with a small focal obliquely oriented tear of the posterior horn of the medial meniscal. The lateral meniscus appears intact.

Osseous structures and articular surfaces: There is an extensive, incomplete, transverse stress fracture involving the medial tibial plateau with extensive adjacent marrow edema (reference image 5 of series 5). The articular cartilage appears relatively well preserved within both the medial and lateral compartments of the knee. There is diffuse intermediate-grade chondromalacia with fissuring, fraying and irregularity of the articular cartilage involving both the medial and lateral patellar facets. The trochlear groove articular cartilage is relatively well preserved.

Extensor mechanism: The patellar and quadriceps tendons are normal.

Miscellaneous: There is no significant joint effusion. No loose intra-articular body or Baker's cyst identified.

IMPRESSION

1. THE CRUCIATE AND COLLATERAL LIGAMENTS ARE INTACT.
2. THERE IS A FOCAL, OBLIQUELY ORIENTED TEAR EXTENDING TO THE SUPERIOR ARTICULAR SURFACE OF THE POSTERIOR HORN OF THE MEDIAL MENISCUS.
3. THE LATERAL MENISCUS IS INTACT.
4. THERE IS AN INCOMPLETE TRANSVERSE LINEAR AREA OF SIGNAL ABNORMALITY PRESENT WITHIN THE SUBCHONDRAL REGION OF THE MEDIAL TIBIAL PLATEAU WITH EXTENSIVE ADJACENT MARROW EDEMA. THESE FINDINGS ARE CONSISTENT WITH AN EXTENSIVE BUT INCOMPLETE STRESS FRACTURE OF THE MEDIAL TIBIAL PLATEAU. THERE IS NO DISPLACED FRACTURE IDENTIFIED.
5. THERE IS INTERMEDIATE-GRADE CHONDROMALACIA DIFFUSELY INVOLVING THE PATELLAR ARTICULAR SURFACE.

THIS REPORT WAS ELECTRONICALLY SIGNED

Timothy G. Sanders, M.D.

TGS/lh