DIAGNOSTIC X-RAY CONSULTATION SERVICES®
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Patient's Name: Ms. XXXX XXXXXX

Referred by: Dr. R. Schaer

Examination: Right knee MRI

Date Taken: 2/2/16

Date of Report: 2/2/16

Patient's Complaint: Right knee pain and stiffness.

Patient's History: No recent trauma reported.

Protocol: Coronal T1-weighted, IR, sagittal T1-weighted, T2-weighted and axial gradient echo images of the right knee were obtained.

Findings:

MRI examination of the right knee reveals no evidence of bony contusion or acute fracture. Medial and lateral joint compartment height are well preserved.

The retropatellar joint space is diminished. The articular cartilage is thinned adjacent to the vertical ridge of the patella, appearing irregular and ragged along the medial facet (series #7, instance #8). A degenerative cyst measuring 9 x 5 x 6 mm is present at the midline of the posterior patellar surface, lateral to the vertical ridge (series #7, instance #6). The quadriceps tendon is mildly thickened and irregular. There is no evidence of intrameniscal signal or frank tear. The anterior and posterior cruciate ligaments are of normal signal and contour. The lateral and medial collateral ligaments are well maintained and of normal signal. There is minimal intra-articular fluid signal with fluid within the medial aspect of the suprapatellar bursa. There is minimal fluid within the prepatellar bursa, laterally.

Impressions:

1. No evidence of acute fracture or bony contusion.

2. Grade 4 chondromalacia patella with subchondral cyst formation as described.

3. Interprofessional referral to consider arthroscopic debridement is indicated.

4. Thickened and irregular quadriceps tendon compatible with a previous traumatic event.

5. Intra-articular fluid which is likely physiologic.

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Impressions, Cont'd:

6. Fluid signal within the retropatellar space, medial aspect of the suprapatellar bursa and prepatellar bursa.

G.A. Longmuir, DC, DACBR