

Bio-Magnetic Resonance, Inc.
30781 Stephenson Highway
MADISON HEIGHTS, MI 48071
(248) 585-5115
FAX (248) 585-0234

The Imaging Center
15670 Southfield Road
ALLEN PARK, MI 48101
(313) 294-2897
FAX (313) 294-2915

Bio-Magnetic Resonance, Inc.
25100 Kelly Road
ROSEVILLE, MI 48066
(586) 445-4900
FAX (586) 445-4902

Biomagnetic Imaging Center
960 River Centre Drive
PORT HURON, MI 48060
(810) 966-8523
FAX (810) 966-5056

The Imaging Center
4447 Talmadge, Suite H
TOLEDO, OH 43623
(888) 674-8653
FAX (888) 674-8650

(888) MRI-TODAY
(674-8632)
www.biomagmri.com

EXAM DATE: 11/24/2008

PATIENT NAME: [REDACTED]

PATIENT ID: [REDACTED]

LOCATION: BIO MAGNETIC RESONANCE

SEX: M
DOB: 09/25/1965

REFERRING PHYSICIAN: [REDACTED]

EXAMINATION: RIGHT KNEE MRI

FINAL REPORT

CLINICAL HISTORY:

Knee pain. Assess medial meniscus tear.

MR IMAGING PROTOCOL:

Sagittal plane 2D density weighted fast spin echo, coronal plane 2D T1 weighted spin echo, coronal plane 2D T2 weighted fast spin echo with fat saturation, axial plane 2D T2* weighted gradient echo, and sagittal plane 2D T2 weighted spin echo sequences with fat saturation. Additional sagittal oblique 2D proton density thin section sequence for the anterior cruciate ligament was also obtained.

MR FINDINGS:

Linear intrameniscal degenerative signal is present in the posterior horn along the inferior articular surface with fraying of its tip. Degenerative signal is also present in the posterior horn of lateral meniscus, which appears to extend to the superior articular surface raising a suspicion for a partial tear. 8.0 x 6.0mm focal fluid collection adjacent to the posterior horn of medial meniscus may represent synovial or parameniscal cyst. The cruciate and collateral ligaments are intact. Satisfactory appearance to the patellar and quadriceps tendons. Large knee joint effusion is present with changes of synovitis. Serpiginous increased T2 signal along the popliteus tendon may represent synovial/ganglion cyst. Satisfactory appearance to the articular cartilage in the medial and lateral knee joint compartments. Focal area of signal change along the articular cartilage of medial facet of the patella. No full-thickness fissures or osteochondritic erosions are demonstrated. Note is made of prominent inferior extension to the patella. Tiny popliteal cyst is present. The patellofemoral ligaments are intact.

Dictated: Vora, Daya MD 11/25/2008 09:10 AM
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Electronically signed: Vora, Daya MD 11/26/2008 10:07 AM

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IMPRESSION:

1. Degeneration and fraying of the tip of posterior horn of medial meniscus.
2. Degeneration posterior horn of lateral meniscus with suspected partial tear extending to the superior articular surface.
3. Focal mild chondromalacia medial facet of the patella.
4. Large knee joint effusion with synovitis. Tiny focal fluid collection adjacent to posterior horn of medial meniscus may represent synovial or parameniscal cyst.



Series 401, Image 5



Series 401, Image 7

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