

Chestnut Hill Hospital

8835 Germantown Ave
Philadelphia, PA 19118-2718

(215) 248-8200

Patient: CHEIKIN, PATTI B
MRN: PAC000533177
Account #: 4196436
Adm Date: 7/26/2019
Primary Care: REEKIE, TIMOTHY G MD

Location: PAC RAD
Attending: RUBENSTEIN, DAVID L MD
DOB/Sex: 5/29/1958 Female
Service Code: RAD OP IMAGING ONLY
Copy to: RUBENSTEIN, DAVID L MD

Magnetic Resonance Imaging

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
360-19-207-00687	7/26/2019 15:24 EDT	MRI Knee Left WO	RUBENSTEIN, DAVID L MD	61 years

Reason for Exam
(MRI Knee Left WO) m25.562

Report
PROCEDURE: MRI Knee Left WO

PROCEDURE DATE: 7/26/2019

PROVIDED INDICATION: m25.562
ADDITIONAL INFORMATION: Injury playing tennis.

TECHNIQUE: Multiplanar MR imaging of the left knee was performed utilizing multiple pulse sequences.

COMPARISON: None

FINDINGS: There is a moderate-sized joint effusion. There is advanced chondromalacia patella with marked thinning and irregularity of the patellar cartilage. There is a fissure extending from the apex into the lateral facet.

The medial and lateral collateral ligaments appear intact. The quadriceps and patellar tendons demonstrate normal signal intensity morphology without evidence of tear.

The anterior and posterior cruciate ligaments are intact.

There is osteoarthritis in the medial compartment with small marginal osteophytes and mild subchondral edema. There is loss of the overlying articular cartilage.

No discrete lateral meniscal tear is identified.

There is a complex tear of the medial meniscus with components in both the anterior and posterior horns. There is a vertically

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oriented component in the posterior horn which contacts both the superior and inferior surfaces.

There is a **complex popliteal cyst** presenting as an oval fluid signal intensity structure in the popliteal space medially. This has maximum measurements of **2.2 cm AP by 1.9 cm transverse by 4.2 cm CC**. There are a few small septations There is **surrounding edema along the inferior aspect extending into the upper calf**. The possibility of recent rupture is raised.

IMPRESSION:

1. Complex medial meniscal tear as detailed above.
2. Moderate joint effusion.
3. Advanced chondromalacia patella.
4. Osteoarthritis as detailed above.
5. Complex popliteal cyst as detailed above.
6. No evidence of significant ligamentous or tendinous injury.

***** Final *****

Dictated by: Contributor_system, PAC_RAD_PSCRIBE
Dictated DT/TM: 07/26/2019 04:52 pm EDT
Signed by: Contributor_system, PAC_RAD_PSCRIBE
Signed (Electronic Signature): 07/26/2019 04:52 pm EDT

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