



**KING GEORGE'S MEDICAL UNIVERSITY**  
**DEPARTMENT OF ORTHOPAEDIC SURGERY**  
**Gandhi Memorial & Associated Hospital**

Lal Bahadur Shastri Bhawan, RALC Campus, Nabiullah Road, Chowk, Lucknow-226018

Ref.

Date: 10/02/2024

Miss Anshika

17/F

CLD B/L knee pain

O/E Tenderness at medial joint line  
 (RT)

MRI Right Left Knee

MRI Discoid meniscus @ S.

left medial meniscus injury

(RT)

Quadriceps exercise

- Avoid squatting

- Avoid running/jumping

- Cycling

- Tab. Zorodal P

- Tab. Pantop 400

- Tab. Carimax-1250

- Anachital wound weekly dressing  
 6x

10

7 day

**DEPARTMENT OF RADIO DIAGNOSIS**  
**KING GEORGE'S MEDICAL UNIVERSITY, LUCKNOW**  
MAGNETIC RESONANCE IMAGING UNIT 1.5 TESLA SIGNA EXPLORER (16 CHANNEL)  
(Installed by LMDC)

NAME:	ANUSHKA GUPTA	REF. BY:	DR.
AGE/SEX :	17 YEARS/FEMALE	DATE OF SCANNING	10.02.2024
I.D. NO.:	177185	DATE OF REPORTING	10.02.2024
C/H:			

**MRI : RIGHT KNEE JOINT**

**IMAGING PARAMETERS**

*Axial: FSE & T1 WIs, Sagittal: PD, FSE, T1 & T2 WIs, Coronal: STIR, T2 GRE & T1 WIs*

*Alleged history of old trauma showing :*

- *Horizontal PDFS linear hyperintense signal intensity alteration is seen in posterior horn of medial meniscus, not extending upto articular surface – grade I signal.*
- *Minimal joint effusion is seen with extension into suprapatellar bursa.*

All visualized bones show normal outline, morphology and signal intensity pattern.

Joint space is maintained.

Lateral meniscus is normal in outline, morphology and signal intensity. No obvious signal alterations are noted.

Posterior cruciate ligaments show no obvious abnormality in morphology and signal intensity.

Both collateral ligaments are normal at their attachment & show normal signal intensity.

Quadriceps & patellar tendons and other visualized surrounding muscles & soft tissue show no obvious abnormal signal alterations.


Popliteal artery & vein show normal flow voids.


**IMPRESSION:**

- **GRADE-I INJURY OF POSTERIOR HORN OF MEDIAL MENISCUS.**
- **MINIMAL JOINT EFFUSION.**

*Adv: clinical correlation.*

**DR. NEHA**  
SENIOR RESIDENT

  
**DR. SHISHTI**  
SENIOR RESIDENT

  
**DR. CHARU**  
JR-III

**DR. SAURABH**  
JR-II

**DEPARTMENT OF RADIODIAGNOSIS**  
**KING GEORGE'S MEDICAL UNIVERSITY, LUCKNOW**  
MAGNETIC RESONANCE IMAGING UNIT 1.5 TESLA SIGNA EXPLORER (16 CHANNEL)  
(Installed by LMDC)

NAME:	ANUSHKA GUPTA	REF. BY:	DR.
AGE/SEX :	17 YEARS/FEMALE	DATE OF SCANNING	10.02.2024
I.D. NO.:	177185	DATE OF REPORTING	10.02.2024
C/H:			

**MRI : LEFT KNEE JOINT**  
**IMAGING PARAMETERS**

*Axial: FSE & T1 WIs, Sagittal: PD, FSE, T1 & T2 WIs, Coronal: STIR, T2 GRE & T1 WIs*

*Alleged history of old trauma showing :*

- *Vertical PDFS hyperintense signal intensity alteration is noted in anterior horn of lateral meniscus reaching upto the superior articular surface – likely grade III (tear).*
- *Horizontal PDFS linear hyperintense signal intensity alteration is seen in posterior horn of medial meniscus, not extending upto articular surface – grade II injury.*
- *Mild PDFS hyperintensity is noted in anterior cruciate ligament with maintained integrity of fibers – likely sprain.*
- *Mild joint effusion is seen with extension of fluid collection in suprapatellar bursa & it is also seen extending along popliteus tendon.*

Rest of the visualized bones show normal outline, morphology and signal intensity pattern.

Joint space is maintained.

Posterior cruciate ligaments show no obvious abnormality in morphology and signal intensity.

Both collateral ligaments are normal at their attachment & show normal signal intensity.

Quadriceps & patellar tendons and other visualized surrounding muscles & soft tissue show no obvious abnormal signal alterations.

Popliteal artery & vein show normal flow voids.


**IMPRESSION:**

- **GRADE III TEAR OF ANTERIOR HORN OF LATERAL MENISCUS WITH GRADE II INJURY OF POSTERIOR HORN OF MEDIAL MENISCUS.**
- **MILD PDFS HYPERINTENSITY IN ANTERIOR CRUCIATE LIGAMENT WITH MAINTAINED INTEGRITY OF FIBERS – LIKELY SPRAIN.**
- **MILD JOINT EFFUSION.**

*Adv: clinical correlation.*

**DR. NEHA**  
SENIOR RESIDENT

  
**DR. SRISHTI**  
SENIOR RESIDENT

  
**DR. CHARU**  
JR-III

**DR. SAURABH**  
JR-II



**KING GEORGE'S MEDICAL UNIVERSITY, U.P., LUCKNOW**  
Gandhi Memorial & Associated Hospitals

UNIT-5 उत्तर चौथा शनिवार  
DR. SHAILENDRA SINGH  
DR. RAVINDRA MOHAN



cl/o: B/L knee pain x 2 weeks

MRI: (R) knee.

- (R) Grade I injury of posterior horn of medial meniscus
- Minimal joint effusion

MRI: (L) knee

- Grade III tear of anterior horn of lateral meniscus & grade II injury of posterior horn of medial meniscus
- Mild PDS hyperintensity in ant. ACL & maintains integrity of fibres
- mild joint effusion

Adv

- Prognosis explained
- Precautions as advised
- Analgesics & Hamstring strengthening exercises as advised
- ck

Rx

- T. Glucosin plus 1 Bx
- T. Carimox Kr 1 Bx
- T. Aculac SP 1 ser.
- T. Gofin uprin D3 60x once a week
- T. bid fast 20mg 1 Bx
- Bed rest for two weeks.
- Review after 2 weeks

Ritank  
RK3

Counselling

अपर मुख्य चिकित्साधिकारी  
कृते मुख्य चिकित्सी अधिकारी  
लखनऊ