



CAREWELL MULTISPECIALITY HOSPITAL

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Dr. Rajul Gupta 70498 47343.

MS Orthopaedics, Kleos Joint Replacement Fellow
Post Doctoral Arthroscopy Fellow (Ahmedabad)
Trauma, Joint Replacement, Arthroscopy Surgeon



Rx

Date

Ms. Anushka
19/F

- difficulty in getting up from sitting/floor
sitting position

effortless click = malrotation in subfemoral
movement.

- ADT negative
- PDT negative

Patellar tracking (N)

- supine medial joint line tenderness
no valgus

Adv:

X Ray ⊙ Knee ← Ant (stay) ?
lat

[Hypoplastic lat.
femoral condyle]

Adv: MRI ⊙ Knee

Discount - 1000/-

SANYA MRI

to.

near Habibganj Rly station



Patient Name	: MISS ANUSHKA	Patient ID	: 15.11.04
Sex / Age	: 14Y/F	Report Date/Time	: 15-11-2020 19:25:18
Modality	: MR	Ref. Phys.	: DR RAJUL GUPTA

MRI LEFT KNEE JOINT

OBSERVATION:

- There is mild heterogeneous T2 and PDFS hyperintensity is seen in anterior horn of lateral meniscus likely reaching upto articular surface – suggestive of tear.
- There is mild linear T2 and PDFS hyperintensity is seen in posterior horn of medial meniscus without extension upto the articular surface – suggestive of grade I MR signal.
- The posterior horns of the lateral meniscus and anterior horns of the medial meniscus reveal normal configuration and signal characteristics.
- The anterior and posterior cruciate ligaments show normal contour and signal characteristics.
- The medial and the lateral collateral ligaments and the patellar tendon are normal.
- The Hoffa's fat pad normal.
- Visualized bones show normal signal characteristics.
- The articular cartilage overlying the patella, tibia and femur appear normal.

IMPRESSION: Findings are suggestive of:

- Mild heterogeneous T2 and PDFS hyperintensity is seen in anterior horn of lateral meniscus likely reaching upto articular surface – suggestive of tear.
- Grade I MR signal in posterior horn of medial meniscus without extension upto the articular surface.

Advice: Please correlate clinically.

DR. ANKIT JAIN
MBBS, MD RADIODIAGNOSIS

Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately*.

OP Slip

UHID No :- UD-32150	OP No :- OP-20210005853	OP Date :- 28 Dec 2020 4:26PM
Patient Name :- Ms. ANUSHKA GUPTA	Age/Sex :- 14 Y/Female	Mobile No :- 8840742545
Patient Type :- Normal	Consultant :- Dr SANJAI KUMAR SRIVASTAVA (MS(ORTHO)) (ORTHOPEDECS)	

BP :-
Weight (kg) :-

Rx

FTC Chondromela

At VMO Strengthening with weights
Cycling 2-3 times

No Squat
No Stairs

• Cy Choking 60 weekly ✓
• CCBM ✓
• Cy Stiffness 60 ✓

700 Dolosoon 60
Rolanal 60
J. X 3m

18/2/21 CST
J

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- रिवोट दिखाने के लिए 7 दिन के अन्दर शाम 5 बजे पास आना करें।
- अपॉइन्टमेंट 10 दिन पूर्व लें।
- दवायें सिर्फ एक हफ्ते के लिए हैं, उसको बाद सलाह लें।

- Consultation fee is valid for one week only
- Add. : NH-2/2 Vishesh Khand-2, Gomti Nagar, Lucknow
- E-mail : radiusjointsurgery@gmail.com
- Website : www.radiusjointsurgeryhospital.in
- Not for Medico Legal Purpose.

Follow up please take prior appointment before coming

Dr. PRASOON KANT SHAMSHERY

MBBS (AIIMS), MS (AIIMS), MNAMS
Fellowship in joint Replacement, AIIMS
MRCS (UK)
Ex. Consultant, AIIMS

Clinic : A-9/A, Nirala Nagar (Opp. Vivekanand Hospital)
Near UCO Bank, Lucknow

Clinic Time : 06:00 pm to 08:00 pm (Mon-Sat), ☎ 8112570025
For Appointment : ☎ 9628299995 (9 am to 6 pm)

Patient Name Amushika Age/Sex 14yr Date f

- B/L Anterior Knee Pain
- Single leg stance - weak

adip → • CRP, Anti-CCP, HLA-B27

- T. Ugent 200 0.20 } X100dy
- C. Seungam 0.20 }

• Depnarol 0.5 Sp i i

• E.T. Neuroton NT half Tab at 6pm X 1mth

• F. gams-HP 2 strip twice daily X 1mth

Prasoon

KING GEORGE'S MEDICAL UNIVERSITY

G. M. & A. Hospital

Chowk, LUCKNOW-226003

TEL. No. 9935208615, 2258615

WHOLE BODY 1.5 TESLA (16 CHANNEL) SIGNA EXPLORER MRI CENTRE
INSTALLED BY: LMDC (MRI) PVT. LTD.

ID. NO.	MRI# - 25099-L	DATE	17/08/2021
PATIENT'S NAME	ANSHIKA	AGE/SEX	14Y/F
REFERRED BY	DR. RAJUL GUPTA		

MRI: LEFT KNEE JOINT

IMAGING SEQUENCES (NCMR)

AXIAL : TSE T2 Wis.; **SAGITTAL** : T1 & TSE PD, T2 Wis. ; **CORONAL** : T1 & TIRM Wis.

Anterior horn of lateral meniscus is thickened and has discoid morphology. No obvious tear is seen.

Medial meniscus is normal in signal intensity and morphology.

Anterior cruciate, posterior cruciate, medial collateral and lateral collateral ligaments are normal in morphology, signal intensity and outline. No obvious ligamentous tear is seen.

Femorotibial & tibio-fibular bony alignment with joint spaces and articular cartilage are normal. Visualized bones are showing normal articulation, alignment, cortical outline and bone marrow signal intensity. Quadriceps tendon and patellar ligament are normal.

Periarticular musculotendinous attachments and vascular flow voids are unremarkable.

Both the medial and lateral retinaculae are normal. The articular cartilage is normal in signal intensity with no evidence of any chondromalacia.

IMPRESSION:

- **Discoid lateral meniscus.**

Please correlate clinically.



DR. GAURAV LUTHRA

M. D.