



Patient Name : MANJU SINGH

Age / Sex : 60 Y / F

Referred By: Dr. MANISH DHAWAN
Patient ID: UKKD.0000202583

Centre : HARGOVIND ENCLAVE

Lab No. : KKD2312363983 **Registration On** : 06-12-2023

Collection Date: Received Date:

Approved Date: 08/Dec/2023 10:42AM

MRI RIGHT KNEE JOINT

STUDY PROTOCOL:

FAST SPIN ECHO PD AND FAST SPIN ECHO T2W SAGGITAL IMAGES OF RIGHT KNEE JOINT WERE OBTAINED ON DEDICATED PHASED ARRAY KNEE JOINT COIL USING 1.5 TESLA HIGH GRADIENT SYSTEM AND CORRELATED WITH T2W AXIAL IMAGES. ADDITIONAL STIR CORONAL AND T1 CORONAL IMAGES WERE ALSO OBTAINED.

Clinical History: Right knee pain

FINDINGS:

Bones and joints

Marginal osteophytes are seen in the lower femur, upper tibia and patella. Linear T1 & PDFS hypointensities are seen in the subarticular location of the anterior & posterior weight bearing surface of the medial tibial plateau. There is associated irregularity of the articular surface of the medial tibial plateau. Marked marrow edema is seen in the upper tibia, more in the medial tibial plateau. Minimal marrow edema is sen in the posterior weight bearing surface of the medial femoral condyle, upper pole of the patella, Medial tibio-femoral joint space is mildly decreased. Mild fluid collection is seen in the joint space distending the suprapatellar recesses. Mild diffuse synovial thickening (2 mm) is seen in joint space.

Articular Cartilage

Focal grade-2 fibrillation is seen over the superior aspect of the medial facet of the patella. Focal grade-2/3 erosions seen over the anterior & posterior weight bearing surface of the medial tibial plateau, posterior weight bearing surface of the medial femoral condyle.

Menisci

Medial meniscus: PDFS hyperintensity is seen in the posterior horn extending to the medial free margin. Grade-3 tear is seen in the posterior root attachment.

Lateral meniscus shows discoid morphology: PDFS hyperintense signal is seen in the posterior and anterior horns without extension into the articular surfaces.

Ligaments

Grade-1 sprain of MCL is seen . ACL, PCL and LCL are normal

Soft tissues

Mild edema is seen in the periarticular soft tissues. Mild edema is seen in the infrapatellar hoffas fat pad. Mild edema is seen in the vastus medialis and lateralis muscles. Rest of muscles and tendons around the knee joint and intramuscular planes are normal. The neurovascular bundles are intact.



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Extensor mechanism

Mild patellar tendinosis is seen. Quadriceps tendon is normal

Popliteal fossa

A popliteal cyst of size 40 x 14 x 20 mm is seen.

IMPRESSION: MRI Right knee reveals:

Linear T1 & PDFS hypointensities in the subarticular location of the anterior & posterior weight bearing surface of the right medial tibial plateau - It may represent subchondral insufficiency fracture of the knee

Focal grade-2 articular cartilage fibrillation over the superior aspect of the medial facet of the patella. Focal grade-2/3 erosions seen over the anterior & posterior weight bearing surface of the medial tibial plateau, posterior weight bearing surface of the medial femoral condyle.

Medial meniscus: PDFS hyperintensity in the posterior horn extending to the medial free margin-Mucoid degenration/Grade-2 tear.

Grade-3 tear in the posterior root attachment of medial meniscus

Lateral meniscus shows discoid morphology: PDFS hyperintense signal in the posterior and anterior horns without extension into the articular surfaces - Mucoid degeneration

Grade-1 sprain of MCL

Moderate osteoarthritis changes in the right knee joint

Suggested clinical correlation

*** End Of Report ***

In case of any discrepancy due to typing error, kindly get it rectified immediately. This is professional opinion, not a diagnosis.

Dr. Deepak Garg

Senior Consultant Radiologist M.B.B.S., M.D. (Radio-Diagnosis) Fellow in Body Imaging and Int. (USA)

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Experience Care

Conditions Of Reporting

- The report results are for information and interpretation for your referring doctor. Reports are to be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by physician's advice for your specific care.
- This Medical Report is a professional opinion, not a diagnosis.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the pathology result in the report provided are for educational purpose only. It is not intended to be a substitute for physician's consultation.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and limitation of modern technology.
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Facilities Available

Radiology

- 3T MRI & 1.5T MRI
- CT Scan
- Digital X-Ray
- Mammography
- Open / Standing MRI
- Bone DEXA Scan

Pathology

- Biochemistry
- Immunoassay
- Hematology
- ▶ Clinical Pathology
- Serology
- Microbiology

Nuclear Medicine -

- India's First Simultaneous PET-MRI
- Whole Body PET/CT Scan
- DTPA / DMSA Renal Scans
- Thyroid Scan
- Whole Body Bone Scan
- HIDA Scan . Rest MUGA

Cardiology Investigations -

- ECG (Electrocardiogram)
- Echocardiography
- Stress Echocardiography
- Stress Thallium

Neurology Investigations -

- ▶ EEG ElectroEncephaloGram
- ► EMG ElectroMyoGraphy
- ▶ NCV Nerve Conduction Velocity
- ▶ VEP Visual Evoked Response
- SSEP

Dental Imaging

Other Tests

- CBCT Cone Beam CT Scan
- OPG OrthoPantomoGram