

OBSERVATION

Examination: MRI Left Knee without Contrast

Clinical indication: Knee injury 20 years ago. Knee pops.

Findings: The patellar and quadriceps tendons are unremarkable. No evidence of tendinopathy or tear. Chondral surface signal abnormality is noted along both the medial and lateral patellar articulating facets. This is consistent with Grade III chondromalacia. This is most pronounced along the lateral patellofemoral articulation. Extensive joint space narrowing and osteophyte formation are also present within the patellofemoral articulation. A small joint effusion is present. The medial and lateral retinaculum are intact.

The ACL is not definitively seen along its expected course. Clinical correlation is suggested with prior ACL tear. No evidence of acute osseous contusions to suggest an acute tear.

Trizonal signal abnormality is noted within the anterior and posterior horns of the lateral meniscus. This signal abnormality approaches the inferior meniscal surface, posteriorly. No definite evidence of communication to suggest meniscal tear. This is most consistent with extensive intrameniscal myxoid degenerative type change. Similar signal abnormality is noted within the anterior and posterior horns of the medial meniscus. Again, both of these areas of signal abnormality approach the inferior meniscal surface with no definite evidence of communication to suggest tear.

Extensive joint space narrowing and osteophyte formation are identified within the medial and lateral tibiofemoral compartments. Extensive chondral thinning is noted both medially and laterally, consistent with Grade III chondromalacia. Also identified is a rounded lesion of low signal, seen posterior to the distal medial femur. This can be seen on sagittal images 22 as well as coronal images 4 and axial images 14. This likely represents a loose body. This measures approximately 1.0 X 0.9 X 1.2cm.

Marrow edema is noted along the medial tibial plateau, likely due to high grade chondromalacia in this area. This is most pronounced posteriorly. This is also seen to a lesser degree along the medial aspect of the lateral tibial plateau. The musculature is unremarkable with no evidence of interstitial muscular tear.

IMPRESSION

1. Extensive patellofemoral joint space narrowing and osteophyte formation. Chondromalacia is also present within the patellofemoral articulation with small joint effusion.
2. Extensive joint space narrowing, osteophyte formation, and chondromalacia within the medial and lateral tibiofemoral compartment. Focal high grade chondromalacia is present within the medial tibial plateau, with reactive marrow edema.
3. Loose body as detailed above.
4. Predominantly intrameniscal myxoid degenerative type signal. No definite evidence of communication to the meniscal surface to suggest tear within the medial and lateral meniscus. Please see body of report for further details. The signal abnormality within the posterior horn of the lateral meniscus approaches the inferior meniscal surface, however, no definite evidence of communication is present.
5. Nonvisualization of the anterior cruciate ligament, in its expected location. Clinical correlation is suggested with remote ACL rupture. No evidence of osseous contusions or fracture to suggest acute ACL rupture.

