

NAME: XXXXXXXX  
DOB: XX/XX/1957  
REFERRING: XXXXXXXX  
XXXXXXX

MRN: XXXX  
Exam Date: 02/22/2012

**PROCEDURE: MRI OF THE RIGHT KNEE WITH CONTRAST FOR MR ARTHROGRAPHY.**

**HISTORY:** Right knee surgery eight years ago. Five months of knee pain and locking.

**TECHNIQUE:** Multi-sequence/multiplanar MRI of the right knee was obtained after the uneventful intraarticular administration of contrast.

**FINDINGS:** The patient is status post ACL repair. The ACL graft is visualized in the mid to distal portion and appears to be intact. However, the proximal portion appears to be wavy in configuration (series 7, image 10) and a high grade partial versus focal full thickness proximal tear cannot entirely be excluded. The PCL is intact. The medial collateral ligament and lateral collateral ligament complex (iliotibial band, fibular collateral ligament, and biceps femoris tendon) and quadriceps and patellar tendons are intact. There is a 2 cm oblique tear of the posterior horn of the medial meniscus. There is no meniscal cyst formation, discoid meniscus or meniscocapsular separation. The lateral meniscus demonstrates degeneration of the posterior horn.

There is grade 4 lateral femorotibial compartment chondromalacia with subchondral cyst formation, high grade hyaline cartilage defects. There is grade 2 medial femorotibial compartment chondromalacia.

The patellofemoral joint is congruent and there is grade 2-3 chondromalacia of patella without significant patellar tilt or subluxation. The knee joint is adequately distended with contrast.

There is no fracture, dislocation, osseous edema, avascular necrosis, muscle strain or muscle atrophy.

Magnetic susceptibility artifact and scarring seen in the knee related to the patient's surgery. Enhancing granulation tissue was seen within the infrapatellar fat pad of Hoffa.

**CONCLUSION:**

- 1. Status post ACL repair with abnormal configuration of the proximal ACL compatible with high grade partial versus focal full thickness tear near the femoral insertion.**
- 2. A 2 cm oblique tear of the posterior horn of the medial meniscus.**

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3. **Grade 2-3 medial femorotibial and patellofemoral chondromalacia with grade 3-4 lateral femorotibial compartmental chondromalacia.**

XXXXXXX, M.D.

JOB#: 40004241  
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