CRERAR , JULIEANN

6 BELLARWI ROAD WEST WYALONG NSW

Phone:	0269722813				
Birthdate:	07/06/1955	**Sex:**	F	**Medicare Number:**	22152474982
Your Reference:	16348240	**Lab Reference:**	16348240		
Laboratory:	Regional Imaging				
Addressee:	DR FARHANAZ NAWABI	**Referred by:**	DR FARHANAZ NAWABI		
Name of test:	MRI KNEE (NR)				
Requested	24/01/2024	**Collected:**	06/02/2024	**Reported:**	07/02/2024 10:00:00

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This report is for: Dr F. Nawabi

Referred By:
Dr F. Nawabi

MRI LEFT KNEE 06/02/2024 Reference: 16348240

MRI LEFT KNEE.

Clinical indication: Bilateral knee pain for the last 14 years. The pain has been rated 10 and sharp pain. Has past history of DM.

Comparison with previous images: MRI 24/01/2014 which had shown a previous medial meniscal posterior horn tear.

ACL: Signal increase throughout the ACL is noted without clear tearing suggestive of a degree of degenerative change.

PCL: Focal intrasubstance signal increase within the superior aspect of the otherwise intact ligament is noted also in keeping with degenerative change.

Lateral compartment:

LCL: Normal/Intact.

Lateral meniscus (and roots): No meniscal tear is seen within this compartment. There is a degree of signal increase within the posterior root ligament suggestive of degenerative change or microtearing, although with no definite well-defined ligament tear seen. The ligament of Humphrey is intact. Perimeniscal cyst: No.

Cartilage: There is degenerative chondropathic change mainly in the form of some superficial chondral ulceration along the weight-bearing aspect of the LFC and chondral signal heterogeneity. No deep partial to full-thickness cartilage loss/defect is noted within this compartment. In fact cartilage is still very well preserved along the lateral tibial plateau. Bone: One small localised focus of bone oedema seen within the medial aspect of

the LFC within the anterior intercondylar region is probably attesting to a full-thickness chondral fissure at this site. No loose osteochondral body is present. No fracture.

Iliotibial band: Normal/Intact. Popliteus tendon/muscle: Intact.

Posterolateral structures: Intact.

Medial compartment:

MCL complex: Intact although displaced around the extruded medial meniscal body and medial osteophytes, with further fluid deep to the ligament suggestive of chronic pain meniscal cyst formation and/or MCL bursitis (or both).

Medial meniscus (and roots): There is a macerated appearance to the body and posterior horn, including evidence of the previous posterior horn radial tear present adjacent to the posterior root ligament. Perimeniscal cyst: Yes.

Cartilage: There is advanced full-thickness cartilage loss throughout much of the weight-bearing aspect of this compartment, with bone-on-bone contact but with limited foci of subcortical T2 signal increase. Bone: No evidence of any fracture/stress fracture is seen..

Posteromedial structures: Intact.

Extensor compartment:

The patella is normally enlocated/aligned. There is advanced degenerative change present within this compartment as well, with areas of deep partial thickness to full-thickness cartilage loss noted over the posterior patellar surface, and thinning of cartilage across the trochlea as well. The quadriceps and patellar tendons are intact.

Effusion: Moderate joint effusion. Popliteal/Baker's cyst: There is a very small unruptured Baker's cyst present.

Loose bodies: None seen.

Prox tib fib joint: Normal.

Conclusion: There is advanced medial > patellofemoral compartmental DJD. There is also what is presumably chronic complex disruption of the medial meniscus as well as degenerative changes (without clear tearing) within the ACL and PCL.

Radiologist: Dr I. Duncan
N/A

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Phone:	0269722813				
Birthdate:	07/06/1955	**Sex:**	F	**Medicare Number:**	22152474982
Your Reference:	16348442	**Lab Reference:**	16348442		
Laboratory:	Regional Imaging				
Addressee:	DR FARHANAZ NAWABI	**Referred by:**	DR FARHANAZ NAWABI		
Name of test:	MRI KNEE (NR)				
Requested	24/01/2024	**Collected:**	06/02/2024	**Reported:**	07/02/2024 11:00:00

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This report is for: Dr F. Nawabi

Referred By:
Dr F. Nawabi

MRI R KNEE 06/02/2024 Reference: 16348442

MRI RIGHT KNEE.

Clinical indication: Bilateral knee pain for the last 14 years. The pain had been rated 10 and sharp pain. Has past history of DM.

Comparison with previous images: X-ray knees 23/12/2013, showing advanced medial compartmental DJD present at that stage already.

ACL: No normal intact ACL is seen. Possible long-standing prior tear.

PCL: Still intact with no undue degenerative change within.

Lateral compartment:

LCL: Normal/Intact.

Lateral meniscus (and roots): The bulk of the lateral meniscus is intact, but I cannot identify a normal intact posterior root ligament and its attachment. There is however a dominant ligament of Humphrey which is intact. The anterior ligament appears intact Perimeniscal cyst: No.

Cartilage: Degenerative chondropathic changes are noted within this compartment, although not as advanced as within the medial compartment. There is some partial-thickness chondral loss along the posterior and medial weight-bearing aspect of the LFC. Bone: Cystic and oedematous bone changes arising within the intercondylar region of the tibia and then tracking down distally and laterally through the lateral tibial condyle are noted. Presumably degenerative with no suggestion of any recent fracture (stress-induced or traumatic).

Iliotibial band: Normal/Intact. Popliteus tendon/muscle: Intact.

Posterolateral structures: Intact.

Medial compartment:

MCL complex: Intact tibial collateral ligament.

Medial meniscus (and roots): There is advanced tearing/maceration and complete medial extrusion of the medial meniscal body. Perimeniscal cyst: No.

Cartilage: There is advanced DJD with large areas of complete loss of articular cartilage on both sides of this joint. There is some subcortical sclerosis on both sides, but with little in the way of any subcortical T2 signal increase, and again no recent medial fracture/stress fracture.

Posteromedial structures: Intact.

Extensor compartment:

There is patellofemoral DJD with both supra visual and deep partial-thickness cartilage loss along the posterior patellar and across the trochlea. There is little in the way of any subcortical bone change. The quadriceps and patellar tendons are grossly intact/within normal limits. There is mild lateral subluxation of the patella but with no undue tilt.

Effusion: Moderate effusion. Popliteal/Baker's cyst: No.

Loose bodies: None seen.

Prox tib fib joint: Normal.

Conclusion: Again noted is advanced medial compartmental DJD, with less advanced degenerative change within the patellofemoral > lateral femorotibial compartments. No normal intact ACL tear is seen, presumably long-standing. There is advanced tearing/degeneration of the medial meniscus with suspected tear of the posterior horn of the lateral meniscus (but with intact ligament of Humphrey). No recent fracture is seen.

Radiologist: Dr I. Duncan
N/A