QUINN, JAREN J

Birthdate: 30/11/1987 Sex: M Medicare Number: 62170316241

Your Reference: 13145879 Lab Reference: 13145879

Laboratory: Perth Rad Clinic

Addressee: DR RICHARD MARSTON Referred by: DR RICHARD MARSTON

Name of Test: MRI RIGHT KNEE

Requested: 09/01/2023 Collected: 09/01/2023 Reported: 10/01/2023

19:27

Perth Radiological Clinic

This report is for: Dr R. Marston Referred By:
Dr R. Marston

MRI RIGHT KNEE 09/01/2023 Reference: 13145879

PRC MRN: JII542X

## MRI RIGHT KNEE

Clinical Details: Fall off motorbike. Chronic knee pain ever since. Crepitus ++. Painful walking up and downstairs. Unable to drive because of pain.

Findings: The cruciate and collateral ligaments are normal. There is no MRI evidence of a medial or lateral meniscal tear and the meniscocapsular junctions are normal. There is a physiologic amount of knee joint fluid. There is no distended Baker's cyst or any other periarticular fluid collection. The articular cartilage at the patella and trochlea is normal. The quadriceps tendon is normal. There is severe tendinopathy at the central to medial aspect of the proximal patellar tendon. Prominent confluent mucoid degeneration expands the proximal tendon extending distally from the inferior pole of the patella. This large focus of confluent mucoid degeneration measures 12 mm in length x 5 mmtransverse. There is sclerosis and marrow oedema at the adjacent inferior pole of the patella and there is mild oedema within the adjacent portion of Hoffa's fat pad. The distal patellar tendon is normal. There is no distended deep infrapatellar bursa. Medial and lateral compartment articular cartilage is normal.

## Comment:

No MR evidence of a ligament, meniscal or chondral injury.
 Relatively severe proximal patellar tendinopathy with extensive confluent mucoid degeneration and there is sclerosis and marrow oedema within the adjacent inferior pole of the patella.

Radiologist: Dr Bill Breidahl Perth Radiological Clinic PRC Shenton House This is an official medical report. If you are not the intended recipient contact our radiology practice immediately.

02 December 2022

DR RICHARD MARSTON UNIT 1 & 2 15 GRACEFUL BLVD ALKIMOS WA 6038

MR JAREN QUINN (30/11/1987) 8 ORLOP WAY ALKIMOS WA 6038 Service Date Patient Id. Episode No

1/001

02/12/2022 SKG2000207 CUR10869475

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## **ULTRASOUND RIGHT KNEE**

**Clinical History:** Tenderness at patellar insertion with patella. Probable jumper's knee 6 months knee now.

Findings: The patellar tendon proximally is thickened and has the posterior half with approximate 25mm length ill-defined hypoechoic region in keeping with tendinopathy. At this region of tendinopathy at the attachment with the patella there appears to be a low grade partial thickness tear of at least 3mm size and some adjacent punctate echogenic foci which could be tiny calcifications. Distally the patellar tendon appears intact.

No joint effusion, Baker's cyst, or significant abnormality of the quadriceps tendon, MCL, pes anserine, LCL, ITB, biceps fernoris, semitendinosus, semimembranosus, or visualised peripheral portion of the medial and lateral menisci is seen.

<u>Comment</u>: Patellar tendon proximally with tendinopathy and small low grade partial thickness tear of posterior fibres.

Thank you for your referral.

Yours sincerely.

Dr Karl Wolff - SKG Radiology

(Sonographer: L James)

MR JAREN QUINN (DOB: 30/11/1987) 1
Typist:skgmf8