

## MRI KNEE LEFT WO CONTRAST

Collected on Jun 03, 2025 3:11 PM

 Not yet reviewed by care team.

### Results

EXAM: MRI KNEE LEFT WITHOUT CONTRAST

HISTORY: Left knee pain.

COMPARISON: No prior comparisons are available at this time.

TECHNIQUE: Magnetic resonance imaging of the knee was performed utilizing multiplanar and multisequence techniques.

#### FINDINGS:

There is a lobulated chondroid lesion within the distal femoral metadiaphysis measuring 1.6 x 1.4 x 3.4 cm, for example series 11 image 15, probable benign chondroid lesion such as enchondroma. There is evidence of soft tissue mass, endosteal scalloping, or other suspicious features.

There is no acute fracture or osteonecrosis.

The anterior and posterior cruciate ligaments are intact. The medial and fibular collateral ligaments are preserved. The biceps femoris tendon and popliteus tendons are maintained. There is small volume fluid and synovial debris decompressing along the popliteus tendon sheath. The iliotibial band is preserved.

There is a posterior inner margin root tear of the medial meniscus eliciting a small fluid filled gap measuring 6 mm and partial extrusion of the body into the

medial gutter, for example series 10 image 22 and series 8 image 28. Tear extends to the posterior horn with oblique high signal extending to both the tibial and femoral articular surfaces, for example series 12 image 25. Minimal intrasubstance high signal within the body of the medial meniscus, for example series 10 image 19, likely reflective of intrasubstance degeneration. The lateral meniscus is intact.

There is diffuse high-grade chondral thinning with near exposed bone throughout the central weightbearing portion of the medial femoral condyle, for example series 11 image 24. There is moderate to high-grade diffuse chondral thinning throughout the medial tibial plateau with small focus of subchondral cystic change anteriorly, for example series 12 image 23 with more high-grade chondral thinning about the far margin. There is moderate grade chondral thinning within the central weightbearing portion of the lateral femoral condyle. Lateral tibial plateau cartilage is maintained. There is exposed bone throughout the medial patellar facet extending to the median patellar ridge, for example series 8 image 19 with moderate grade chondral thinning about the medial aspect of the lateral patellar facet. No full-thickness or high-grade chondral defect is identified within the trochlea.

There is a large knee effusion is elicited with moderate reactive synovitis.

The extensor mechanism is intact.

Moderate amount of fluid and debris within the semimembranosus-tibial collateral bursa, for example series 8 image 18, partially ruptured into the surrounding soft tissues. There is diffuse subcutaneous edema throughout the soft tissues surrounding the knee joint.

#### IMPRESSION:

MRI of the left knee demonstrates tricompartmental knee osteoarthritis with exposed bone and moderate to high-grade chondral thinning throughout the medial femoral condyle and tibial plateau respectively, in the setting of a torn medial meniscus. Advanced patellofemoral osteoarthritis with large areas of exposed bone throughout the patella.

Moderate semimembranosus-tibial collateral ligament bursitis, partially decompressing into the surrounding soft tissues. Moderate synovitis elicits a large knee effusion.

3.4 cm lobulated chondroid lesion within the distal femoral metaphysis, probable benign chondroid lesion without suspicious features.

Verified by Hoiwan Cheung, M.D. on 6/3/2025 3:53 PM in PowerScribe 360

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