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|----------------|------------------------|---------------------|-----------------------|
| Patient Name   | : Mr. RAJESH MEENA     | Visit No            | : CHA250038957        |
| Age/Gender     | : 33 Y/M               | Registration ON     | : 04/Mar/2025 01:13PM |
| Lab No         | : <b>10136252</b>      | Sample Collected ON | : 04/Mar/2025 01:13PM |
| Referred By    | : Dr. NORTHERN RAILWAY | Sample Received ON  | :                     |
| Refer Lab/Hosp | : NORTHERN RAILWAY LKO | Report Generated ON | : 04/Mar/2025 07:49PM |

## **MRI: RIGHT KNEE JOINT**

### **IMAGING SEQUENCES (NCMR)**

**AXIAL:** PD FS Wis. **SAGITTAL:** T1, T2, PD FS, GRE Wis. **CORONAL:** PD FS & GRE Wis.

Minimal synovial effusion is seen in tibio-femoral and patello-femoral compartments.

There is discontinuity of anterior cruciate ligament with non visualization of fibers — suggestive of complete tear. Posterior cruciate ligament is buckled, but normal in signal intensity.

Posterior horn & body of medial meniscus is displaying linear area of intermediate signal intensity, which is extending upto articular surface - suggestive of grade III tear.

Lateral meniscus and anterior horn of medial meniscus are displaying normal size, outline and signal intensity.

Medial collateral and lateral collateral ligaments are normal in morphology, signal intensity and outline.

Femorotibial, patellofemoral & tibio-fibular bony alignment with joint spaces and articular cartilage are normal. Visualized bones are showing normal articulation, alignment, cortical outline and bone marrow signal intensity. Quadriceps tendon and patellar ligament are normal.

Periarticular musculotendinous attachments and vascular flow voids are unremarkable.

### **IMPRESSION:**

- **Complete tear of anterior cruciate ligament.**
- **Grade-III tear of posterior horn & body of medial meniscus**
- **Minimal synovial effusion.**

Please correlate clinically.

**DR. RAVENDRA SINGH**  
**MD**

Typed by Ranjeet

\*\*\* End Of Report \*\*\*

