

Patient Name	: Mr.RAMA SHANKAR	Visit No	: CHA250040966
Age/Gender	: 68 Y/M	Registration ON	: 07/Mar/2025 09:32AM
Lab No	: 10138261	Sample Collected ON	: 07/Mar/2025 09:32AM
Referred By	: Dr.AJAY KUMAR VERMA	Sample Received ON	:
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 07/Mar/2025 02:23PM

MRI: RIGHT KNEE JOINT

IMAGING SEQUENCES (NCMR)

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

Avulsion of posterior cruciate ligament is seen from its tibial attachment with an avulsed bony fragment (approx 19 x 15 x 10 mm). Rest of posterior cruciate ligament shows normal signal intensity.

Anterior cruciate ligament shows mild diffuse PD hyperintensity and subtle irregularity – sprain.

Mild to moderate synovial effusion is seen in tibio-femoral and patello-femoral compartments with extension in suprapatellar bursa.

Tibial spines are prominent with multiple osteophytic spur formation seen at tibio-femoral and patellar margins. Joint spaces (predominantly medial tibio-femoral and patello-femoral) are reduced with thinning of patellar and medial femoral articular cartilages. Tiny subchondral cystic changes with bone marrow edema seen in medial tibio-femoral condyles. Few tiny loose bodies are seen in posterior aspect of the joint.

Posterior root of medial meniscus is irregular and displaying hyperintensity extending upto articular surface – suggestive of tear.

Grade-II degeneration of posterior horn of medial meniscus is noted.

Mild fluid distension of medial collateral bursa is noted.

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

Lateral collateral ligament is normal in morphology, signal intensity and outline.

Femorotibial, patellofemoral & tibio-fibular bony alignment are normal. Rest of 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.



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IMPRESSION:

- **Avulsion of posterior cruciate ligament from its tibial attachment with an avulsed bony fragment.**
- **Bony degenerative changes with thinning of articular cartilages and mild to moderate synovial effusion**
- **Grade-II degeneration of posterior horn of medial meniscus with tear of its posterior root.**
- **Sprain of anterior cruciate ligament.**
- **Mild fluid distension of medial collateral bursa -- ? bursitis.**

Please correlate clinically.

Transcribed by Priyanka...

**DR. RAVENDRA SINGH
MD**

*** End Of Report ***

CHARAK

