

Patient Name	: Ms.LAXMI YADAV	Visit No	: CHA250043818
Age/Gender	: 21 Y/F	Registration ON	: 11/Mar/2025 12:34PM
Lab No	: 10141113	Sample Collected ON	: 11/Mar/2025 12:34PM
Referred By	: Dr.CHARAK H.GARH	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 11/Mar/2025 06:02PM

MRI: LEFT KNEE JOINT

IMAGING SEQUENCES (NCMR)

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

Moderate to large sized [approx. 57 (vertical) x 52 (A.P) x 50mm (Trans)] eccentric metaphyseal-epiphyseal lytic lesion is seen in proximal shaft of left tibia with involvement of lateral tibial condyle & posterior intercondylar region. The lesion appears heterogeneous hyperintense T2/TIRM, hypointense on T1 W images & shows narrow zone of transition. The lesion is causing marked thinning of overlying cortex, however no obvious cortical breach or periosteal soft tissue extension is seen. Superiorly the lesion is extending upto subarticular cortex of lateral tibial plateau and abutting tibial attachment of posterior cruciate ligament. No evidence of encasement popliteal neurovascular bundles. No extension in the knee joint is seen.

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

Medial and lateral menisci are displaying normal size, outline and signal intensity.

Anterior cruciate, posterior cruciate, medial collateral and lateral collateral ligaments are normal in morphology, signal intensity and outline. No obvious ligamentous tear is seen.

Femorotibial, patellofemoral and tibio-fibular bony alignment with joint spaces and articular cartilage 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.

IMPRESSION:

- **Moderate to large sized eccentric meta-epiphyseal lytic lesion involving proximal shaft of left tibia and lateral tibial condyle with features as described – neoplastic etiology (? Giant cell tumor). Histopathological correlation is suggested.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Typed by Ranjeet

*** End Of Report ***

