



# Diagnostic Radiology OF HOUSTON



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REFERRING PHYSICIAN: **ADAM WEGLEIN, DO**

EXAM: **MRI KNEE W AND WO LEFT**

**TECHNIQUE:** Sagittal, axial and coronal T1, PD FatSat, T2 and STIR sequences were obtained. Postgadolinium T1 FatSat axial, coronal and sagittal image sequences were performed. The exam was performed on a high-field 1.5T MRI system, DRH West.

**CLINICAL HX:** Status post P.R.P. for patellar tendon tear.

**COMPARISON:** X-rays were available for comparison.

#### **FINDINGS:**

There is evidence of patellar tendon derangement especially more pronounced in its mid to distal aspect. Status post P.R.P. shows that there is significant amount of contrast enhancement in the patellar tendon and in Hoffa's fat pad which is compatible with granulation tissue secondary to the P.R.P. injection. This is most pronounced on the distal and lateral aspect of the patellar tendon. The medial side of the patellar tendon does not show any significant contrast enhancement and does not appear to have as much damage. The articular cartilage of the patellofemoral compartment is well maintained and overall alignment of the patella remains adequate.

Medial compartment: There is a transverse type II intersubstance tear of the body and posterior horn. No osteochondral defect. The MCL is intact.

Cruciate ligaments: There is mild edema and swelling of the ACL compatible with low grade sprain. The PCL is intact.

Lateral compartment: No meniscal tears. No osteochondral defects. No abnormal contrast enhancement.

Osseous elements: No bone marrow lesions identified. There is reactive edema at the lateral insertion of the patellar tendon to the proximal tibia compatible with patellar tendon pathology.

continued...



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**CONCLUSIONS:**

1. PATELLAR TENDON DERANGEMENT WITH SECONDARY SIGNIFICANT CONTRAST ENHANCEMENT IN THE LATERAL ASPECT OF THE MID AND DISTAL PATELLAR TENDON AS IT APPROXIMATES ITS INSERTION AS WELL AS CONTRAST ENHANCEMENT IN HOFFA'S FAT PAD. THIS IS COMPATIBLE WITH GRANULATION TISSUE SECONDARY TO POST P.R.P. INJECTION.
2. TYPE II TRANSVERSE OBLIQUE INTERSUBSTANCE TEAR BODY POSTERIOR HORN MEDIAL MENISCUS.
3. MILD LOW GRADE SPRAIN ACL.

*Thank you for your referral and for allowing us to participate in the care of your patient.*

ECF/dl d: 06/02/10 t: 06/02/10

Electronically signed by Edward C. Fritsch, Jr., D.C. 6/2/2010 20:28:31