\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

TIME RECEIVED April 23, 2023 at 6:04:44 PM EDT

REMOTE CSID Fax DURATION 60 PAGES

STATUS Received

# WaveImaging

Anaheim

Wave Imaging - Anaheim

947 S. Anaheim Suite 130 Anaheim, CA 92805

Phone: (714) 758-9800 Fax: (714) 758-9898

Ordered By

FRANK GUELLICH, MD 15350 SHERMAN WAY, STE 250 VAN NUYS CA, 91406

FAX: (818) 891-9672

SHAH, BHARGAV

MRN: 30999415

DOB: 05-01-1956 Sex: U Phone: (714) 322-2674

Date of Service: 04-18-2023

EXAM: MRI RIGHT KNEE WITHOUT CONTRAST

HISTORY: Right knee pain.

TECHNIQUE: Imaging of the right knee was performed on a 1.5 Tesla MRI scanner with the following sequences obtained: Coronal T1 and PD FS, sagittal PD and PD FS, and axial T2.

COMPARISON: None available.

#### **FINDING**

The ACL and PCL are normal. The lateral meniscus is normal. The medial meniscus is normal. The medial and lateral collateral ligaments and the extensor mechanism appears normal. Small suprapatellar effusion without fracture. Mild patellofemoral narrowing is seen. Grade 3 medial patellar facet cartilage loss noted with grade 2 femoral trochlear cartilage loss. Mild medial and lateral femoral tibial joint space narrowing is seen, grade 2/3 lateral and grade 3 medial joint line cartilage loss noted. 5 mm posterior joint body seen. The posterior neural vascular structures are normal. The popliteus muscle and tendon appears normal.

#### IMPRESSION:

- 1. ACL, PCL, menisci, collateral ligaments and extensor mechanism are intact.
- 2. Tricompartmental degenerative changes as described, small joint effusion, no acute fracture seen.
- 3. There is a 5 mm joint body seen within the posterior joint space.

In compliance with recent Worker's Compensation legislation (Labor Code Section 4628 (j) and 5703 (a) and Insurance Code Section 556): I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately described the information provided to me and, except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (j) of Labor Code Section 139.2 or 5307.6.

Signed by me in the County of Orange, this 23 day of 4 2023.

## Confidential

Patient: SHAH, BHARGAV DOB: 05-01-1956



947 S. Anaheim Suite 130 Anaheim, CA 92805 Phone: (714) 758-9800

Wave Imaging - Anaheim

Fax: (714) 758-9898

End of diagnostic report for accession: 37979448 Dictated: 04-23-2023 2:58:19 PM

**Electronically Signed By:** Dym, Jeff, MD 04-23-2023 2:58:19 PM

Copy to:ONE CALL CARE DIAGNOSTICS BROKER

### **Confidential**

Patient: SHAH, BHARGAV DOB: 05-01-1956