Pages including cover sheet: 3

То:	
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-- Daryl Caringi D.O., a Medical Corp. 886 W Foothill Blvd, Ste. CUpland, Ca 91786 (909)373-1027 (877)296-5831

From: Daryl Caringi ; Fax: 18882222838 C To: Fax: (310) 626-9632 Page: 2 of 3 08/31/2020 4:35 PM

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

Harold D. Damuth, M.D. Paul A. Reisch, M.D. Johnson B. Lightfoote, M.D. FACR Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D. Hamidreza Torshizy, M.D.

PATIENT NAME: BUSH, PATRICIA

Patient DOB: 03/10/1961 Gender: F Medical Record Number: 3133318

Medical Record Number: 3133318 Acet #: 534766332 Ordering Physician: DARYL CARINGI D.O.

Exam Desc: MRI LT KNEE WO CONTRAST

EXAMINATION DATE: 08/25/2020

Order Number: 90001

Accession Number: 8218140
Patient Location: FO-OP / O

PROCEDURE: Noncontrast left knee MRI.

Technique: Multiplanar and multiweighted imaging of the left knee was performed on a superconducting magnet without the administration of intravenous or intra-articular contrast agent. Imaging was performed in the axial, coronal, and sagittal planes.

History: Patient with history of known medial meniscal tear with persis tent pain. No reported history of surgery.

Comparison: MRI of the left knee for 4 2019.

Findings:

Ligaments:

Stable low-grade chronic appearing partial tearing of the anterior cruciate ligament again noted which remains unchanged. The posterior cruciate ligament is intact. The medial and lateral supporting structures are grossly intact. The sheath and mild iliotibial band is unremarkable.

Menisci:

Medial meniscus: Redemonstration of a longitudinal horizontal tear involving both the body and posterior horn the medial meniscus, which appears advanced since the previous MRI from 2019. Furthermore, areas of increasing bone marrow edema are seen both within the medial femoral condyle and medial tibial plateau with advancing cartilage loss within the medial femoratibial compartment. There is also evidence of unicompartmental joint synovitis, which is new since the previous examination.

Lateral meniscus: Grossly intact.

Cartilage:

Moderate grade cartilage loss is noted in the medial femorotibial compartment, which appears advanced since the previous exam. Low-grade cartilage loss is again seen in the lateral femorotibial compartment which appear stable. The patellar and trochlear cartilage appear grossly intact.

Extensor mechanism:

The quadriceps and patellar tendons are intact. Mild prepatellar soft tissue swelling is appreciated.

Joint.

Distribution:

Ordering: MB#194 DARYL CARINGI D.O.

Primary:

984 WEST FOOTHILL BLVD UPLAND, CA 91784

Electronically signed and authenticated by: HAMIDREZA TORSHIZY, M.D. Interpreting Radiologist: HAMIDREZA TORSHIZY, MD

Admission date and time: Aug 25 2020 6:40AM
Examination completed date and time: Aug 25 2020 8:11PM
Transcribed by / Date: on Aug 26 2020 8:47A
Signoff date and time: Aug 26 2020 8:44A

C To: Fax: 18882222838 Fax: (310) 626-9632 08/31/2020 4:35 PM From: Daryl Caringi Page: 3 of 3

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A moderate-sized knee joint effusion is appreciated.

The suprapatellar, infrapatellar, and prefemoral fat pads are grossly unremarkable.

Posterior soft tissues:

Unremarkable.

No popliteal cyst is identified.

Osseous structures:

No evidence of acute fracture or dislocation.

Impression:

- 1. Advancing tearing of the body and posterior horn the medial meniscus.
- Advancing arthritis and cartilage loss of the medial femorotibial compartment.
- 3. Stable low grade partial tearing of the ACL, likely chronic.
- 4. Moderate size joint effusion.

HAMIDREZA TORSHIZY, MD

Thank you for the opportunity to contribute to the care of your patient.

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