

CLINICAL HISTORY: 36-year-old male with medial knee pain after a sprained knee, age of injury requested.

TECHNIQUE: Multiplanar, multisequence fat and water weighted images of the right knee were performed.

FINDINGS: Consistent with the date and mechanism of injury is a partial tear of the proximal and mid medial collateral ligament with interstitial edema within the fibers of the tibial collateral ligament. No meniscocapsular separation or ligament retraction. Estimated grade II tearing is present. Edema without retraction of the meniscofemoral attachments. The meniscotibial attachments and adjacent medial meniscus remain intact.

Intact lateral collateral ligament complex, popliteus tendon and posterolateral corner of the tibia.

Intact ACL and PCL. The distal quadriceps tendon is normal with slight enthesopathic spurring at its insertion.

No medial or lateral meniscal tear.

At the distal patellar tendon insertion is slight peritendinitis and increased signal suggesting chronic tendinosis and a superimposed tendon contusion without evidence of Osgood-Schlatter's. Soft tissue edema superficial to the patellar tendon suggests an acute contusion without an underlying fracture of the tibial tubercle.

Mild lateral patellar tilt and minimal subluxation, may be associated with a mildly shallow trochlear groove. Edema along the medial parapatellar retinaculum including the medial patellofemoral ligament is associated with the medial collateral ligament sprain. The lateral retinaculum is normal. No acute patellofemoral edema to suggest a transient lateral patellofemoral dislocation/relocation event. A small joint effusion and nonthickened suprapatellar and medial synovial plica are identified. No large Baker cyst. The hamstring tendons are unremarkable.

IMPRESSION (MRI OF THE RIGHT KNEE):

- 1. Compatible with the stated date and mechanism of injury 03/28/2015 is evidence of an intermediate-grade partial tear of the proximal MCL characterized by partial tearing of the tibial collateral component without a meniscocapsular separation or adjacent medial meniscal tear. No retraction of ligament substance. Acute periligamentous edema propagates toward the medial parapatellar retinaculum.**
2. Intact ACL, PCL, lateral collateral ligament complex, popliteus tendon and posterolateral corner of the tibia.
3. No meniscal tear.
4. No femorotibial fracture or osteonecrosis.
5. A prepatellar and anteromedial soft tissue contusion and a contusion at the lower pole of the patella associated with patellar tendinosis are likely consistent with the date of injury with mild deep infrapatellar bursitis. No fracture of the tibial tubercle or evidence of Osgood-Schlatter's.

6. Mild lateral patellar tilt and minimal subluxation without a retinacular tear or evidence of an acute transient patellofemoral dislocation. Small joint effusion and synovial plica are identified.