

Kadin Rabo

Male DOB: 05/30/2002

819288

Home: (602) 697-0443

Ins: CIGNA 182223 Grp: 3329609

05/01/2019 - Imaging Report: MR - MR - LOWER EXTREM JNT W/O CONTRAST

Provider: Shelden L Martin MD

Location of Care: OSNA dba OrthoArizona

This document contains external references

MR - MR - LOWER EXTREM JNT W/O CONTRAST

Patient Name: Kadin, Rabo

Patient DOB: May 30, 2002

DOS: May 01, 2019

Ref. Physician: Shelden, Martin M.D.

Exam # 26234327 - May 1 2019 - MRI 3T - LOWER EXTREM JNT W/O CONTRAST (Right)
Exam Performed at SimonMed Dobson Village II

INDICATION: Right knee effusion, possible ACL tear status post strain/sprain
4 days ago, soccer injury, felt a pop with acute pain.

COMPARISON: None

TECHNIQUE: On a 3 Tesla MRI system, multiplanar multiecho sequences were
obtained of the right knee.

FINDINGS:

Medial and lateral menisci and root attachments are intact.

Acute high-grade sprain junction mid and proximal third anterior cruciate
ligament with posteriorly directed edematous fibers and periligamentous edema.
Posterior capsular sprain and deep posterior fascial edema tracking cephalad
behind the distal femur from the level of the intercondylar notch. Bone
contusion lateral sulcus region of the lateral femoral condyle without
depression or fracture, 12 x 13 x 9 mm (ML x AP x CC). No associated kissing
contusion of the posterior aspect lateral tibial plateau. Physes are partially
fused, skeletally immature. No additional bone contusions or fractures.

Medial collateral ligament is intact.

Edema superficial to the fibular collateral ligament, grade 1 sprain.
Iliotibial band and biceps femoris tendon are intact. Popliteus tendon is
intact.

The extensor mechanism is intact.

No focal chondral defects or intraarticular bodies are detected.

Joint effusion/hemarthrosis, hyperintense to muscle on T1-weighted sequence,
without fluid level or lipohemarthrosis. Gastrocnemius muscles are
normal.

IMPRESSION:

1. Acute high-grade sprain/tear junction mid and proximal third anterior
cruciate ligament with posteriorly directed edematous fibers, posterior
capsular injury, deep posterior fascial edema behind the distal femur, and
bone contusion lateral femoral condylar sulcus region. Hemarthrosis.

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2. Grade 1 sprain fibular collateral ligament.
3. Negative for meniscal tear. Medial collateral ligament is intact.
4. Findings will be communicated to the referring physician by members of the SimonMed Radiology Department.

ELECTRONICALLY SIGNED BY: Silberman M.D., Randy on May 01, 2019

External Attachment:

Type: Image
Comment: Scanned Image

Electronically signed by Sheldon L Martin MD on 05/01/2019 at 1:47 PM



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FINAL

**SimonMed Mesa Desert Campus
DIAGNOSTIC IMAGING REPORT**

Patient: **Rabo, Kadin** Sex: M DOB: May 30, 2002 Age: 17 Diag. Imaging # 3877034
Status: Outpatient Stat (PEDS)
Referring Physician: Shelden Martin MD

Exam # 28464086 - **Jan 23, 2020** - MRI 3T - KNEE JOINT W/O CONTRAST (Right)

Exam Performed at SimonMed Mesa Desert Campus

EXAM: MRI EXAMINATION OF THE RIGHT KNEE

INDICATION: 1 week history of knee pain following injury in physical therapy. There is history of ACL reconstruction in June 2019.

COMPARISON: MR study dated May 1, 2019

TECHNIQUE: Sagittal proton density and fat saturation proton density weighted images were obtained followed by coronal T1, fat saturation proton density and fat saturation T2-weighted images. Axial fat saturation proton density weighted images were obtained followed by axial oblique fat saturation proton density weighted images.

FINDINGS:

Knee Joint:

There is a moderate size knee joint effusion. There is soft tissue injury and sprain of the posterior capsule centrally typically at the tibial attachment. The findings are associated with some free fluid within the adjacent posterior fascial planes.

Osseous structures:

There is a contusion injury of the posterior rim of the lateral tibial plateau. An additional contusion injury of the lateral aspect of the lateral femoral condyle is present. Appearance is consistent with residua of pivot shift contusions.

Ligaments:

FCL: Intact and normal in appearance.

MCL: There is periligamentous edema adjacent to the medial collateral ligament having appearance consistent with a acute low-grade sprain.

PCL: Intact and normal in appearance.

ACL: Postoperative changes related to ACL reconstruction are identified with visualization of

femoral and tibial bone tunnels. Tibial and femoral bone tunnels are in satisfactory position and alignment. There is an acute appearing relatively high-grade sprain of the anterior cruciate ligament graft fibers including tearing of the relative anterior fibers which are flipped anteriorly anterior to the intercondylar notch and are noted to abut against the infrapatellar fat pad. Relatively high-grade sprain of the mid and distal more posterior graft fibers is identified without visualization of fluid signal intensity gap or well-defined graft fibers separation. There is anterior translation of the proximal tibia with respect to the distal femur

Posterolateral corner:

The direct fibular and indirect tibial attachments of the biceps femoris complex appear preserved. The remaining posterolateral corner soft tissues appear normal.

Posteromedial corner:

The posterior medial corner soft tissues including the semimembranosus tendon and posterior oblique as well as oblique popliteal ligaments are intact.

Extensor mechanism:

Quadriceps tendon: The quadriceps tendon is intact without evidence of significant tendinopathy.

Infrapatellar tendon: The infrapatellar tendon is intact without evidence of significant tendinopathy or tearing.

Retinacular structures: The medial patellofemoral ligament and medial retinaculum appear intact. The lateral retinaculum is normal in appearance.

Medial compartment:

Articular cartilage: The articular cartilage of the medial joint space compartment is preserved.

Medial meniscus: There is a localized cleavage tear of the inferior articular surface of medial meniscus at junction between meniscal body and posterior one-third aspect. Posterior to this region is a mildly complex peripheral vertical longitudinal superior as well as inferior articular surface tear of the posterior one third segment associated with meniscocapsular soft tissue injury. This the tear is new when comparison is made with the prior examination.

Lateral compartment:

Articular cartilage: The articular cartilage of the lateral joint space compartment is preserved.

Lateral meniscus: There is residua of meniscocapsular soft tissue injury involving the posterior one third of the lateral meniscus.

Patellofemoral compartment:

The articular cartilage of the patellofemoral compartment is preserved.

IMPRESSION:

1. Note of a high-grade sprain of anterior cruciate ligament graft fibers including tearing of the anterior fibers which are flipped anteriorly abutting against the infrapatellar fat pad.
2. Residua of acute pivot shift bone marrow contusion injury.

3. Low-grade medial collateral ligament sprain.
4. Mildly complex peripheral vertical longitudinal tear of the posterior one third of the medial meniscus.
5. Residua of meniscocapsular soft tissue injury of the posterior one third of the lateral meniscus.
6. Deformity with sprain of the posterior capsule centrally at the tibial attachment. There is some free fluid within the posterior fascial planes.

CRG

ELECTRONICALLY SIGNED BY: Gundry M.D., Cooper on Jan 23, 2020

dd: January 23, 2020

Reported by: Cooper Gundry M.D.

Electronically signed by: Cooper Gundry M.D.

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

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SimonMed AZ Dobson Village II
1870 W Frye Road Suite 3
Chandler, AZ 85224
Phone: (480)264-2350

DIAGNOSTIC IMAGING REPORT

Patient: Rabo, Kadin Sex :M DOB: 05/30/2002 Age: 18

Diag. Imaging#: 3877034

Status:

Referring Physician: SHELDEN MARTIN

EXAM #16844230 - 09/09/2020 6:30 PM -MR KNEE WITHOUT CONTRAST (RIGHT)

EXAM: MRI EXAMINATION OF THE RIGHT KNEE

INDICATION: Knee pain. There is history of ACL reconstruction and subsequent revision surgery on 2/4/2020

COMPARISON: MR study dated January 23, 2020

TECHNIQUE: Multi planar multiecho imaging was performed. FINDINGS:

Knee Joint:

Effusion: There is a borderline knee joint effusion.

Popliteal cyst: None

Subcutaneous and extra-articular soft tissues: Unremarkable

Osseous structures:

The bone marrow signal of the distal femur and proximal tibia is preserved without evidence of bone marrow contusion or occult osseous injury.

Ligaments:

FCL: Intact and normal in appearance.

MCL: Intact superficial and deep layers without evidence of sprain.

PCL: Intact and normal in appearance.

ACL: Postoperative changes related to ACL revision surgery including infrapatellar bone tendon bone autograft are noted. Femoral and tibial tunnels are in satisfactory position and alignment without evidence of complication. The anterior cruciate ligament graft fibers are intact. There is a small slender area of fibrosis like signal intensity projecting anterior to distal intra-articular ACL graft fibers having appearance consistent with a localized area of arthrofibrosis. This measures 12 mm in cephalocaudad dimension by 12 mm in transverse dimension by 4 mm in anteroposterior dimension.

Posterolateral corner:

The direct fibular and indirect tibial attachments of the biceps femoris complex appear preserved. The remaining posterolateral corner soft tissues appear normal.

Posteromedial corner:

The posterior medial corner soft tissues including the semimembranosus tendon and posterior oblique as well as oblique popliteal ligaments are intact.

Extensor mechanism:

Quadriceps tendon: The quadriceps tendon is intact without evidence of significant tendinopathy.

Infrapatellar tendon: Postoperative changes related to interval infrapatellar tendon graft harvesting are identified. There is a slender 4 x 4 by 2 mm area of interstitial longitudinal splitting of the proximal medial one third infrapatellar tendon fibers.

Retinacular structures: The medial patellofemoral ligament and medial retinaculum appear intact. The lateral



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DIAGNOSTIC IMAGING REPORT

Patient: Rabo, Kadin Sex :M DOB: 05/30/2002 Age: 18
Diag. Imaging#: 3877034

Status:

Referring Physician: SHELDEN MARTIN

EXAM #16844230 - 09/09/2020 6:30 PM -MR KNEE WITHOUT CONTRAST (RIGHT)

retinaculum is normal in appearance.

Medial compartment:

Articular cartilage: The articular cartilage of the medial joint space compartment is preserved.

Medial meniscus: There is an area of vertical longitudinal intermediate grade 3 signal involving the superior as well as inferior articular surface of the posterior one third of the medial meniscus. Similar findings were noted on the prior study and have appearance consistent with an area of prior articular surface tearing and postoperative fibrosis. No fluid signal intensity is identified to indicate recurrent nature.

Lateral compartment:

Articular cartilage: The articular cartilage of the lateral joint space compartment is preserved.

Lateral meniscus: There is a localized area of inner free edge margin truncation, irregularity and adjacent vertical longitudinal superior as well as inferior articular surface intermediate grade 3 signal involving the posterior one third of the lateral meniscus. This was not present on the prior preoperative the study and is consistent with an area of apical free edge deformity and tearing.

Patellofemoral compartment:

The articular cartilage of the patellofemoral compartment is preserved.

IMPRESSION:

1. Status post the ACL revision surgery. The ACL graft is intact. There is a slender area of arthrofibrosis projecting anterior to distal intra-articular ACL graft fibers.
2. Status post interval infrapatellar tendon graft harvesting. There is a slender 4 mm area of interstitial splitting of proximal medial one third fibers.
3. Interval apical free edge deformity and tearing of the posterior one third of the lateral meniscus.
4. Stable appearance of chronic vertical longitudinal grade 3 intermediate signal intensity and presumed postoperative healing/fibrosis involving posterior one third of the medial meniscus.

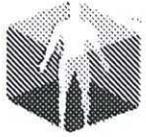
CRG

dd:09/10/2020 10:23 AM

Reported by: Gundry, Cooper M.D.

Electronically signed by: GUNDRY, COOPER

Thank you for your kind referral. If you require further assistance, please contact our Radiologist
Hotline at 480-551-0264.



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SimonMed AZ Dobson Village II

1870 W Frye Road Suite 3

Chandler, AZ 85224

Phone: (480)264-2350

DIAGNOSTIC IMAGING REPORT

Patient: Rabo, Kadin Sex :M DOB: 05/30/2002 Age: 18

Diag. Imaging#: 3877034

Status:

Referring Physician: SHELDEN MARTIN

EXAM #16844230 - 09/09/2020 6:30 PM -MR KNEE WITHOUT CONTRAST (RIGHT)

Rabo, Kadin J (MRN: 200105114) DOB: 5/30/2002

MRI knee right wo IV contrast

Status: Final result

PACS Images

(Link Unavailable) Link to PACS

Study Result

Narrative & Impression

LOCATION: Stapley - CIGNA Medical Group

DATE OF SERVICE: 12/3/2021 9:30 AM

MRI REPORT

ORDERING PHYSICIAN: Sheldon Martin

EXAM: MRI knee right wo IV contrast

CLINICAL HISTORY: Right Knee Pain

COMPARISON None available

TECHNIQUE: Multiplanar multisequence MRI images obtained of the right knee using a GE 3.0 Tesla magnet.

FINDINGS: Status post ACL repair. The ACL graft is intact. There is suggestion of underlying arthrofibrosis with irregular soft tissue anterior to the distal ACL graft within the anterior tibiofemoral joint space and the soft tissue measures approximately 4 cm AP x 2.3 cm CC and this extends into the Hoffa fat pad just inferior to the patella. There is another area of arthrofibrosis with soft tissue ventral to the PCL measures approximately 2.1 cm AP x 1.6 cm CC.

The medial collateral ligament, the lateral collateral complex, the quadriceps tendon and patellar tendon are intact. Heterogeneous distal patellar tendon which is probably due to underlying tendinosis. Intact patellar retinacula.

Horizontal cleavage tear involving the posterior horn and body segment of the lateral meniscus. There is also truncated free edge at the posterior horn of the lateral meniscus. The anterior horn of the lateral meniscus is intact.

Rabo, Kadin J (MRN: 200105114) DOB: 5/30/2002

Semivertical tear of the posterior horn medial meniscus near the posterior horn and body junction. The posterior third of the posterior horn medial meniscus is irregular suggesting additional small tear. The rest of the medial meniscus is intact. There are susceptibility artifacts adjacent to the medial tibiofemoral joint related to prior surgery.

There is focal chondromalacia with areas of chondral delamination within the femoral trochlear groove as well as small subcortical cystic change and subchondral marrow edema within the femoral trochlear groove. The articular cartilage along the patella is intact. There is no significant chondromalacia in the medial and lateral compartments.

A large joint effusion with some septations within the joint fluid. There is mild underlying synovitis. No well-formed Baker's cyst. The surrounding muscles appear within normal limits.

IMPRESSIONS:

1. Status post ACL repair. The ACL graft is intact. There is prominent arthrofibrosis in the anterior tibiofemoral joint space as well as ventral to the PCL as described above.
2. Horizontal cleavage tear involving the posterior horn and body segment of the lateral meniscus.
3. Somewhat vertical tear involving the posterior horn of the medial meniscus near the posterior horn and body junction. Additional small tear/irregularity at the posterior peripheral third of the posterior horn of the medial meniscus.
4. A large joint effusion with mild underlying synovitis.
5. Chondromalacia with areas of chondral delamination at the femoral trochlear groove and mild subchondral marrow edema and subcortical cystic change in the femoral trochlear groove.

Electronically signed by: Thomas Loi, MD on 12/3/2021 12:32 PM EST.

 Scans on Order 50000008824152

Imaging Order - Scan on 12/2/2021

Signed by

Signed	Date/Time	Phone	Pager
LOI, THOMAS	12/03/2021 12:32	602-282-9800	

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	12/03/2021 09:30	

External Results Report

There is an external results report available.

Encounter

[View Encounter](#)

Screening Form Questions

No questions have been answered for this form.

MRI knee right wo IV contrast

Order: 50000008824152

Status: Final result Visible to patient: No (not released) Next appt: None

Dx: Pain in right knee

Details

Reading Physician	Reading Date	Result Priority
Thomas Loi, MD ☎602-282-9800	12/3/2021	STAT

Narrative & Impression

LOCATION: Stapley - CIGNA Medical Group

DATE OF SERVICE: 12/3/2021 9:30 AM

MRI REPORT

ORDERING PHYSICIAN: Sheldon Martin

EXAM: MRI knee right wo IV contrast

Rabo, Kadin J (MRN: 200105114) DOB: 5/30/2002

CLINICAL HISTORY: Right Knee Pain

COMPARISON: None available

TECHNIQUE: Multiplanar multisequence MRI images obtained of the right knee using a GE 3.0 Tesla magnet.

FINDINGS: Status post ACL repair. The ACL graft is intact. There is suggestion of underlying arthrofibrosis with irregular soft tissue anterior to the distal ACL graft within the anterior tibiofemoral joint space and the soft tissue measures approximately 4 cm AP x 2.3 cm CC and this extends into the Hoffa fat pad just inferior to the patella. There is another area of arthrofibrosis with soft tissue ventral to the PCL measures approximately 2.1 cm AP x 1.6 cm CC.

The medial collateral ligament, the lateral collateral complex, the quadriceps tendon and patellar tendon are intact. Heterogeneous distal patellar tendon which is probably due to underlying tendinosis. Intact patellar retinacula.

Horizontal cleavage tear involving the posterior horn and body segment of the lateral meniscus. There is also truncated free edge at the posterior horn of the lateral meniscus. The anterior horn of the lateral meniscus is intact.

Semivertical tear of the posterior horn medial meniscus near the posterior horn and body junction. The posterior third of the posterior horn medial meniscus is irregular suggesting additional small tear. The rest of the medial meniscus is intact. There are susceptibility artifacts adjacent to the medial tibiofemoral joint related to prior surgery.

There is focal chondromalacia with areas of chondral delamination within the femoral trochlear groove as well as small subcortical cystic change and subchondral marrow edema within the femoral trochlear groove. The articular cartilage along the patella is intact. There is no significant chondromalacia in the medial and lateral compartments.

A large joint effusion with some septations within the joint fluid. There is mild underlying synovitis. No well-formed Baker's cyst. The surrounding muscles appear within normal limits.

IMPRESSIONS:

1. Status post ACL repair. The ACL graft is intact. There is prominent arthrofibrosis in the anterior tibiofemoral joint space as well as ventral to the PCL as described above.
2. Horizontal cleavage tear involving the posterior horn and body segment of the lateral meniscus.
3. Somewhat vertical tear involving the posterior horn of the medial meniscus near the posterior horn and body junction. Additional small tear/irregularity at the posterior peripheral third of the posterior horn of the medial meniscus.
4. A large joint effusion with mild underlying synovitis.
5. Chondromalacia with areas of chondral delamination at the femoral trochlear groove and mild subchondral marrow edema and subcortical cystic change in the femoral trochlear groove.

Electronically signed by: Thomas Loi, MD on 12/3/2021 12:32 PM EST.

Specimen Collected: 12/03/21 09:49

Last Resulted: 12/03/21 12:32

Order Details View Encounter Lab and Collection Details Routing
 Result History

Scans on Order 50000008824152

Imaging Order - Scan on 12/2/2021

Result Care Coordination

Patient Communication

Not Released

Not seen

Fax Transmission**Cigna****PHOENIX CENTRAL MS RADIOLOGY****3003 N. 3RD ST.****PHOENIX AZ 85012****Fax: 602-282-9804****Phone: 602-282-9800****Date:** 12/3/21**Time:** 10:38 AM**TO:**

Shelden Martin, MD
3130 E BASELINE RD Ste 101
MESA AZ 85204

Phone: 602-631-3161**Fax:** 602-631-3162**FROM:**

CMG PHX CENTRAL MULTI SPECIALTY CENTER

Phone: Dept: 602-282-9800**Fax:****Comments:****STATEMENT OF CONFIDENTIALITY**

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MRI KNEE RIGHT WO IV CONTRAST

Rabo, Kadin J

MRN: <E1208705>, Legal Sex: Male, 5/30/2002

Accession #: 1002092973

Final Result

LOCATION: Stapley - CIGNA Medical Group

DATE OF SERVICE: 12/3/2021 9:30 AM

MRI REPORT

ORDERING PHYSICIAN: Shelden Martin

EXAM: MRI knee right wo IV contrast

CLINICAL HISTORY: Right Knee Pain

COMPARISON: None available

TECHNIQUE: Multiplanar multisequence MRI images obtained of the right knee using a GE 3.0 Tesla magnet.

FINDINGS: Status post ACL repair. The ACL graft is intact. There is suggestion of underlying arthrofibrosis with irregular soft tissue anterior to the distal ACL graft within the anterior tibiofemoral joint space and the soft tissue measures approximately 4 cm AP x 2.3 cm CC and this extends into the Hoffa fat pad just inferior to the patella. There is another area of arthrofibrosis with soft tissue ventral to the PCL measures approximately 2.1 cm AP x 1.6 cm CC.

The medial collateral ligament, the lateral collateral complex, the quadriceps tendon and patellar tendon are intact. Heterogeneous distal patellar tendon which is probably due to underlying tendinosis. Intact patellar retinacula.

Horizontal cleavage tear involving the posterior horn and body segment of the lateral meniscus. There is also truncated free edge at the posterior horn of the lateral meniscus. The anterior horn of the lateral meniscus is intact.

Semivertical tear of the posterior horn medial meniscus near the posterior horn and body junction. The posterior third of the posterior horn medial meniscus is irregular suggesting additional small tear. The rest of the medial meniscus is intact. There are susceptibility artifacts adjacent to the medial tibiofemoral joint related to prior surgery.

There is focal chondromalacia with areas of chondral delamination within the femoral trochlear groove as well as small subcortical cystic change and subchondral marrow edema within the femoral trochlear groove. The articular cartilage along the patella is intact. There is no significant chondromalacia in the medial and lateral compartments.

Appointment Info

Reason for Exam

Right Knee Pain

Diagnosis

Pain in right knee

Providers

PCP

Neil Aaron, MD

📞 480-839-9097

📍 3200 S GEORGE DR
TEMPE AZ 85282

Ordering provider

Shelden Martin, MD

📞 602-631-3161

📍 3130 E BASELINE RD Ste 101
MESA AZ 85204

A large joint effusion with some septations within the joint fluid. There is mild underlying synovitis. No well-formed Baker's cyst. The surrounding muscles appear within normal limits.

IMPRESSIONS:

1. Status post ACL repair. The ACL graft is intact. There is prominent arthrofibrosis in the anterior tibiofemoral joint space as well as ventral to the PCL as described above.
2. Horizontal cleavage tear involving the posterior horn and body segment of the lateral meniscus.
3. Somewhat vertical tear involving the posterior horn of the medial meniscus near the posterior horn and body junction. Additional small tear/irregularity at the posterior peripheral third of the posterior horn of the medial meniscus.
4. A large joint effusion with mild underlying synovitis.
5. Chondromalacia with areas of chondral delamination at the femoral trochlear groove and mild subchondral marrow edema and subcortical cystic change in the femoral trochlear groove.

Electronically signed by: Thomas Loi, MD on 12/3/2021 12:32 PM EST.

Signed by Thomas Loi, MD on 12/3/2021 12:32 PM
