

Dr Jehan Seneviratne
530 Lower North East Road
CAMPBELLTOWN 5074

Copies to:

Re: **Ms Julia Falco DOB: 10/01/2011**
13 Glenda Drive Athelstone SA 5076

UR: HJG363Y
Visit: 7872642

28 January 2025

MRI LEFT KNEE

Summary:

- 1. Mild ITBFS suggested.**
- 2. No significant meniscal or ligamentous injury.**
- 3. Incidental near complete discoid lateral meniscus.**

Clinical:

MVA May 2024. Ongoing pain lateral aspect of knee ? meniscal injury distal ITB tendinitis.

Technique: Multiplanar non-contrast MR imaging performed through the left knee.

Comparison Study: None available.

Findings:

Cruciate ligaments/intercondylar notch: ACL and PCL intact.

Medial compartment:

Articular cartilage and marrow signal: Intact.

Medial meniscus: No tear identified. Small linear signal peripheral third PH/body that does not reach an articular surface may be vascular or degenerative in nature.

Medial collateral ligament: Intact.

Lateral compartment:

Articular cartilage and marrow signal: Intact

Lateral meniscus: Near complete discoid (trans 19mm mid body). No tear.

Lateral collateral ligamentous complex: Intact.

Posterolateral corner: Intact.

Extensor compartment:

Articular cartilage and marrow signal: Cartilage intact. No joint effusion or marrow oedema. No fracture.

Patellar tendon: Intact.

Quadriceps insertion: Intact.

Anterior fat pads: Intact.

Other: Minor oedema deep to the ITB as it traverses the LFC - mild ITBFS suggested noting described lateral symptoms. No pes anserine bursitis.

Dr Michael Reid

Benson Radiology

Electronically signed 28/01/2025 18:29

Re: Ms Julia Falco DOB: 10/01/2011

28 January 2025 (continued)

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