



TECH CARE X-RAY

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RMC RADIOLOGY

106 West 5th Ave
Tallahassee, FL 32303
www.techcarexray.com

RADIOLOGY REPORT

PATIENT NAME: RONALD CLARK

PATIENT ID: 812974

FACILITY: RMC MRI

DATE OF BIRTH: 04/20/1968

REFERRING PHYSICIAN: LAFONTANT

DATE OF SERVICE: 09/04/2014

EXAMINATION: RIGHT KNEE

REASON for EXAM: TRICCOMPARTMENT

OSTEOARTHRITIS RT KNEE

WHEELCHAIR BOUND

Exam: MRI OF THE RIGHT KNEE

Technique: Multiplanar and multi-pulse MRI images of the right knee were obtained per institution protocol. The patient was examined on a GE LX HiSpeed 1.5T9X scanner.

Prior studies: Radiograph of the right knee 3/15/2014.

Findings:

Menisci: Horizontal tear through the body and posterior horn of the medial meniscus is noted. The anterior horn is intact. Partial extrusion of the body of the medial meniscus is also noted. Normal lateral meniscus.

Cruciate Ligaments: The anterior and posterior cruciate ligaments are intact without evidence of tear, sprain, or surrounding edema.

Collateral Ligaments: The medial collateral ligament and the lateral collateral ligament complex are intact without evidence of tear, sprain, or surrounding edema.

Patellar Retinaculum: The medial and lateral patellar retinaculum are unremarkable.

Patellar/Quadriceps Tendon: The patellar tendon and the quadriceps tendon are unremarkable.

Bone Marrow Signal: No evidence of fracture, bone confusion, bone marrow edema, or AVN.

Cartilage-Articular Surfaces: Gross thinning of the articular cartilage is noted. No intra-articular loose bodies. Periarticular degenerative changes and tricompartmental joint space narrowing is noted. There is a small joint effusion.

Extra-articular Tendons: The medial and lateral heads of the gastrocnemius muscle, semimembranosus, semitendinosus, and pes anserinus tendons are unremarkable.

Impression:

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L. MELENDEZ, MD
UNION CI/CORIZON
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TECH CARE X-RAY



9:06 AM 09/05/14 REC'D 1126436/049 ENCL: 002 OF

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PATIENT NAME: RONALD CLARK

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EXAMINATION: RIGHT KNEE

REASON for EXAM: TRICOMPARTMENT

OSTEOARTHRITIS RT KNEE

WHEELCHAIR BOUND

Horizontal tear through the body and posterior horn of the medial meniscus is noted. The anterior horn is intact. Partial extrusion of the body of the medial meniscus is also noted.

Moderately severe tricompartmental osteoarthritis and chondromalacia.

No evidence of fracture or dislocation.

Small joint effusion

Recommendation: Follow up as clinically indicated.

Dr. Nayyer Islam, M.D.
9/5/2014 7:51:53 AM MK
9/5/2014 9:25:06 AM

L. MELENDEZ MD
UNION CI CORIZON
GJM

Thank You for allowing us to participate in the care of your patient.

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REC'D: 100-14995340 PAGE: 001 OF 02

RMC RADIOLOGY

PAGE 03/04

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100 West 5th Ave
Tallahassee, FL 32303
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PATIENT NAME: RONALD CLARK

PATIENT ID: 812974

FACILITY: RMC MRI

DATE OF BIRTH: 04/20/1960

REFERRING PHYSICIAN: LAFONANT

DATE OF SERVICE: 09/04/2014

EXAMINATION: L-SPINE W/WO

REASON for EXAM: SEVERE LOW BACK PAIN AND

DIFFICULTY AMBULATING

WHEELCHAIR BOUND

Exam: MRI OF THE LUMBAR SPINE WITHOUT AND WITH INTRAVENOUS CONTRAST

Technique: Multiplanar multi-sequence MRI images through the lumbar spine were obtained without and with intravenous gadolinium. The patient was examined on a GE LX HiSpeed 1.5T9X scanner. Contrast agent: 20 ml Magnevist.

Clinical data: Wheelchair-bound patient has severe low back pain with difficulty ambulating. Tricompartment osteoarthritis of the right knee.

Prior studies: Lumbar spine radiograph 2/14/2014

Findings: There is satisfactory alignment. The vertebral bodies are intact without fracture. Intervertebral disc spaces are preserved and show normal signal intensity.

L1-L2 level: No disc herniation is noted. No spinal canal stenosis. No foraminal narrowing. No lateral recess compromise. No evidence of nerve impingement.

L2-L3 level: No disc herniation is noted. No spinal canal stenosis. No foraminal narrowing. No lateral recess compromise. No evidence of nerve impingement.

L3-L4 level: No disc herniation is noted. No spinal canal stenosis. No foraminal narrowing. No lateral recess compromise. No evidence of nerve impingement.

L4-L5 level: No disc herniation is noted. No spinal canal stenosis. No foraminal narrowing. No lateral recess compromise. No evidence of nerve impingement.

L5-S1: No disc herniation is noted. No spinal canal stenosis. No foraminal narrowing. No lateral recess compromise. No evidence of nerve impingement.

The paravertebral soft tissues are unremarkable.

Impression

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Sept 5-14
J. MELLENDEZ MD
UNION CITY CORIZON



TECH CARE X-RAY

9/5/14 11:59 AM FROM: 002-1804966349

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 EXAMINATION: L SPINE W/WO
 REASON for EXAM: SEVERE LOW BACK PAIN AND
 DIFFICULTY AMBULATING
 WHEELCHAIR BOUND

1. Unremarkable MRI of the lumbar spine
2. No fracture or acute bony abnormality
3. No disc herniations, no spinal stenosis.

Recommendation: Follow up as clinically indicated.

Stewart R. Bakst, M.D.
 9/5/2014 11:54:15 AM SB
 9/5/2014 11:57:03 AM

Aug 5/14
 L MELENDEZ, MD
 UNION CI/CORIZON

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