

CLINICAL INFORMATION

History: left knee pain for few months, no recent fall, but having 4cm baker's cyst in the back, also having tender swelling in the medial aspect of the knee, mc murray positive, ant drawer negative, restricting the knee movements and her regular activities
Question: ? cause for the pain and swelling? medial meniscus tear

MRI KNEE LEFT

There is a small joint effusion.

There is a degenerate tear in the body and inferior aspect of the posterior third of the medial meniscus with partial extrusion from the medial joint line and a small volume of meniscal material reflected along the medial tibial margin. The lateral meniscus is intact.

The cruciate and lateral collateral ligaments are normal. The medial collateral ligament is in continuity and mildly bowed and displaced by the extruded medial meniscus. The popliteus tendon is intact.

The quadriceps and patellar tendons are intact with no evidence of tendinosis. There is mild subcutaneous oedema anteriorly but no bursitis.

The patellofemoral joint is developmentally normal and congruent. There is no evidence of maltracking. The patellofemoral ligaments are intact. There is moderate patellofemoral chondropathy with particular thinning of articular cartilage and subchondral changes in the patella.

Mild medial tibiofemoral compartment chondropathy. The lateral compartment is normal.

There is some minor reactive oedema along the medial tibial margin. Marrow signal return is within normal limits elsewhere. Evidence of red marrow persistence in the distal femur.

There is a loculated semimembranosus bursa extending over 4 cm cranio-caudally but with no evidence of significant complications or a recent leak.

CONCLUSION

Small joint effusion. Degenerate tear of the medial meniscus with partial extrusion along the medial joint margin. Normal lateral meniscus, cruciate and collateral ligaments. Intact extensor mechanism without tendinosis. Developmentally normal patellofemoral joint with moderate chondropathy. Mild medial tibiofemoral compartment chondropathy. Normal lateral compartment. Minor oedema along the medial tibial margin. Normal marrow signal return elsewhere. Uncomplicated 4 cm loculated semimembranosus bursa.

Report Finalisation

Comparison with previous MR/CT? ☐ Yes ☒ No Imaging recomm.

Any finding? ☐ Guidelines ☐ Yes ☒ No

Is it known Oncology? ☐ Yes ☒ No

Full agreement

Praise

Full agreement

Report modified, clinically not relevant

Report modified, POSSIBLY clinically relevant

Report modified, PROBABLY clinically relevant

Report modified, ALMOST CERTAINLY clinically relevant

a

Approve Report

CLINICAL INFORMATION

Complaints of right knee pain and grating. Clinically degenerative meniscal tear.

MRI KNEE RIGHT

COMPARISON

X-ray dated 8/9/2021.

BONES

Normal alignment. The bones have normal structure and signal.

INTERCONDYLAR NOTCH

The ACL and PCL appear normal.

MEDIAL COMPARTMENT

The medial meniscus appears normal with no evidence of a tear. Intact MCL. The articular cartilages have a normal appearance.

LATERAL COMPARTMENT

The lateral meniscus appears normal with no evidence of a tear. Intact LCL. The articular cartilages have a normal appearance.

ANTERIOR COMPARTMENT

The patella has a normal position. The articular cartilages appear normal. The extensor mechanism has a normal appearance.

EFFUSION

There is no effusion. There is no Baker's cyst.

MISCELLANEOUS

Fluid is noted in the semimembranosus tibial collateral ligament bursa and along the pes anserinus.

CONCLUSION

No meniscal or ligamentous injury. Mild semimembranosus tibial collateral ligament and pes anserinus bursitis.

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MEDIAL COMPARTMENT

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LATERAL COMPARTMENT

The lateral meniscus appears normal with no evidence of a tear. Intact LCL. The articular cartilages have a normal appearance.

ANTERIOR COMPARTMENT

The patella has a normal position. Partial-thickness chondral lesion of the median patellar ridge in the lateral patellar facet. Associated oedema of the suprapatellar fat pad. The extensor mechanism has a normal appearance.

EFFUSION

There is no effusion. There is no Baker's cyst.

MISCELLANEOUS

Fluid is noted in the semimembranosus tibial collateral ligament bursa and along the pes anserinus.

CONCLUSION

No meniscal or ligamentous injury. Mild semimembranosus tibial collateral ligament and pes anserinus bursitis. Partial-thickness chondral loss of the patellar cartilage.

b

DISAGREE with 2nd reader

Agree with 2nd reader

Figure S1. Custom made TMC RIS (Optemis, TMC, Barcelona). (a) In the lower right corner, the levels of disagreement with the primary report (shaded in light blue) can be selected by the second reader. (b) The primary reader receives a feedback message and the modified report with highlighted (yellow) changes. The primary reader can either disagree with the changes or agree to the consensus report. In case of disagreement a third radiologist involved seeking an agreement.