De-identified Knee MRI Chronology

Compiled from uploaded report screenshots. Oldest study first.

De-identification applied: patient name, date of birth, patient/account identifiers, accession numbers, institution names, and clinician names were removed. Exact study dates were reduced to year only to preserve chronology while limiting identifiers.

Chronology summary

Study	Year	Region	Key MRI impression
1	2011	Right knee	Small suprapatellar effusion. No meniscal tear or ligament injury. Elongated lateral patellar facet noted.
2	2020	Right knee	Moderate joint effusion. Small posterior Hoffa fat pad edema. No discrete internal derangement.
3	2024	Left knee	Mild osteitis in the lateral femoral condyle. Possible small subchondral insufficiency fracture / stress reaction. No definable meniscal tear.

Study 1 — 2011

Region	Right knee MRI
Clinical history	Knee pain; instability.

Technique: MR imaging of the knee was acquired with sagittal PD and STIR, coronal T1 and STIR, and axial T2.

Findings

- Normal anatomic alignment.
- Small suprapatellar effusion.
- Articular surface of the patella is intact.
- Elongated lateral facet of the patella, which can predispose to medial subluxation.
- ACL and PCL are intact.
- Extensor mechanism is intact.
- Lateral meniscus and medial meniscus are intact.
- Small bone island noted in the posterolateral tibial region (wording partly limited by source legibility).
- Medial and lateral stabilizers of the knee are intact.
- No gross articular cartilage abnormalities identified.
- No osteophyte formation.
- No compartment narrowing.

Impression

- No meniscal tear.
- No ligament injury.
- Small suprapatellar effusion.

Study 2 — 2020

Region	Right knee MRI
History	Right knee pain. Swelling.

Technique: Routine multiplanar imaging through the right knee was obtained without contrast.

Findings

- Cartilage along the medial compartment is intact and well maintained.
- No subchondral edema.
- No fracture.
- Medial meniscus is intact.
- MCL is intact and unremarkable.
- Cartilage along the lateral compartment is well maintained and within normal limits.
- Lateral meniscus is intact.
- Lateral collateral ligament complex is intact and unremarkable.
- Posterolateral corner is unremarkable.
- Popliteus is within normal limits.
- No Baker's cyst.
- Patellofemoral cartilage is intact and well maintained.
- Extensor mechanism and retinaculum are unremarkable.
- Moderate joint effusion.
- Cruciate ligaments are intact.
- No discrete intra-articular loose body.
- Small amount of edema within the posterior aspect of Hoffa's fat pad.

Impression

- Joint effusion.
- No discrete internal derangement.

Study 3 — 2024

Region	Left knee MRI
Indication	Typed indication on report: chronic pain.

Technique: MR imaging was acquired with multiplanar T1/PD and fat suppression.

Findings

- Mild osteitis in the lateral femoral condyle.
- Possible small subchondral insufficiency fracture is difficult to confirm in all planes.
- No definable tear of the menisci.
- Cruciate ligaments are intact.
- Collateral ligaments are intact.
- Quadriceps and patellar tendons are intact.

Impression

- Stress reaction or insufficiency fracture of the lateral femoral condyle.