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On July 13, 2012 I slipped and fell on my knees. So, I went to my doctor and, they solid they would keep an eye on it. A week later I went back and told my doctor somothing was wrong because I could parely walk on A. So, they sent me to radiology to get an x-ray on my right knee. I started doing therapy at a rehabilitation center rear my doctors office, but the therapy made it warse. So, my doctor had me go for an MRI to see what's ere's a tear in my knee on the ight side. I need to see on orthoredist. I do also need to see what wong with the left one. My falling accident happened because walk was utteren or unleveled and I didn't notice it in time. It happened at 2532 N 51 st in the late evening I need to have surgery done on the right one. I don't have estimates yet. I have to gather an bills agoed from the X-ray, MRI, Therapy and my doctor. My name is Arlene M. (414)445-8676 wors. 3748 N. ZŠth St.

10-3-12

Milwankee, WI, 53206 Thank You #3,700.00 AND EXRAY'S AND MARE, 700.00 DOCTOR UST ABOUT 1500 and PAIN AND SUFFERING 5, 00000 \$...

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9/20/2012 9:01 AM

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Fax: 414-847-1820

Name: Ariene M Evans

MRN #: 020030 DOB: 11/30/1959

Exam Date: 9/19/12 Gender: Female

Patient Phone Number: 414-445-8676

Mohammad Q. Khan, MD Fax: 414-875-6786 5434 West Capitol Drive, #3 Milwaukee, WI 53216

Exam: Knee MRI, Right Side; Without Contrast

Clinical History:

Patient with right knee pain.

Technique Notes:

PD Ax FatSat, PD Sag FatSat, PD Cor FatSat, T2 Sag, T1 Sag, T2 Cor

Findings

A small joint effusion is present.

Lateral subluxation of the patella is present associated with lateral patellar tilt, marked narrowing of the patellofemoral joint space, erosive changes of the articular cartilage and subchondral cyst predominating at the patellar apex. Milder medial and lateral tibiofemoral compartment joint space narrowing is present associated with subchondral cyst at the periphery of the medial tibial condyle and bone marrow edema subjacent to the tubercles of the intercondylar eminence.

Complex altered signal intensity is present throughout the posterior horn and body of the medial meniscus involving the superior/femoral articular surface at the peripheral third of the posterior horn and the inferior/tibial articular surface at the mid and inner third of the posterior horn and throughout the entire body.

A small amount of altered signal intensity within the lateral meniscus does not unequivocally involve an articular surface.

The anterior and posterior cruciate ligaments, medial collateral ligament, lateral collateral ligament complex, quadriceps and patellar tendon demonstrate normal morphology and signal intensities. Partial extrusion of the body of the medial meniscus causes significant mass effect on the undersurface of the MCL.

Remaining soft tissues are unremarkable.

Impression

- 1. Complex tear involving the posterior horn and body of the medial meniscus. Involvement of the root insertion suggests an unstable tear allowing extrusion of the body out of the medial compartment causing mass effect on the MCL.
- 2. Severe patellofemoral osteoarthritis with chondromalacia and superimposed

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Evans, Arlene M (Exam 116598)

MRN #: 020030

changes suspicious for a chronic lateral patellar tracking abnormality.

Jeffrey Rosengarten, M.D.

Interpreting Provider

Brian E. Lundeen, MD

Electronically Signed: 9/20/12 8:54 am