

DR M

Thursday, 11 June 2020

RE: **MR MICHAEL**

Patient ID :
Service Date : 10/06/2020
Dept :
UR No :

EPID:

Report now includes the knee X Ray

X-RAY RIGHT KNEE, DUPLEX VENOUS STUDY RIGHT LOWER LIMB.

Findings:

X-RAY RIGHT KNEE: No bony abnormality seen around the knee. The femur, tibia, fibula and patella are intact. No evidence of an effusion. The joint spaces are well preserved throughout.

DUPLEX VENOUS STUDY RIGHT LOWER LIMB: The deep venous system was examined from the pelvis to the ankle. Normal flow was seen in the common femoral, femoral, popliteal and calf veins with no evidence of deep vein thrombosis. There is however a large popliteal cyst measuring 3.1 X 2.6 cm at the knee but with extension of the fluid down into the mid and distal calf, reflecting rupture. The distal component is extending down beneath the covering fascia of the medial gastrocnemius, dissecting into the superficial muscle layers. There is abundant echogenic material within it, likely blood, consequent on the muscle trauma.

The appearances a combination of a ruptured popliteal cyst with associated haemorrhage dissecting into the superficial layers of the medial gastrocnemius muscle. I note the patient is on aspirin.

CONCLUSION:

- Ruptured popliteal cyst with extension into, and dissection of, the superficial layers of the medial gastrocnemius muscle belly. Associated with haemorrhage secondary to the muscle trauma.
- Suggest follow-up ultrasound in 1 week

Thank you for referring this patient

Dr John Fraser

MR MICHAEL

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MR MICHAEL LEE (DOB: 15/06/1953) Page 2 of 2

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