Date:	Reported 12/09/2026 10:15		
Patient	EXAMPLE, Patient	**DOB:**	01/01/1970
Address:	1 Example Street, Anytown		
MRI:	MRI Knee Lt	**Scan Date:**	10/09/2026
Referrer:	Northwest Health (Scan Path)	**Ref:**	SP-EX-0001

Clinical history

56-year-old. Left knee pain for four months following a twisting injury playing five-a-side football. Intermittent swelling after activity and a catching sensation. No true locking. Medial joint line pain on stairs and squatting. No previous knee surgery. Clinical question: meniscal or ligament injury?

Technique

1.5T MRI of the left knee. Sagittal PD fat-saturated, sagittal T1, coronal PD fat-saturated, coronal T1 and axial PD fat-saturated sequences. No intravenous contrast. No previous imaging available for comparison.

Findings

Medial meniscus: horizontal oblique tear of the posterior horn, extending to the inferior articular surface and measuring approximately 14 mm in length. No displaced fragment, flipped meniscus or bucket-handle component. No parameniscal cyst. Body and anterior horn intact. Mild meniscal extrusion of 2 mm.
Lateral meniscus: normal morphology and signal. No tear.
Cruciate ligaments: anterior and posterior cruciate ligaments intact, with normal course and signal.
Collateral ligaments: medial collateral ligament intact with mild periligamentous oedema, in keeping with a low-grade sprain. Lateral collateral ligament, biceps femoris tendon and popliteus tendon intact.
Articular cartilage: medial compartment — partial-thickness (less than 50%) cartilage thinning over the weight-bearing medial femoral condyle, without full-thickness loss or subchondral change. Lateral compartment preserved. Patellofemoral compartment preserved.
Bone marrow: no bone marrow oedema, bone bruise, fracture or osteochondral lesion. No osteonecrosis.
Extensor mechanism: quadriceps and patellar tendons intact. Patella normally sited. Normal medial patellofemoral ligament.
Joint fluid and soft tissues: small joint effusion. Small Baker's cyst measuring 18 × 9 mm, not ruptured. No loose body. Hoffa's fat pad unremarkable. Visualised muscles normal.

Conclusion

1. Horizontal oblique tear of the posterior horn of the medial meniscus. No displaced fragment.
2. Low-grade sprain of the medial collateral ligament.
3. Mild partial-thickness cartilage thinning, medial femoral condyle — early degenerative change.
4. Small joint effusion and small intact Baker's cyst.
5. Cruciate ligaments intact. No fracture.

Recommendation

Clinical correlation. Conservative management is reasonable in the absence of mechanical locking. Orthopaedic opinion if mechanical symptoms persist or progress.

Signed by:	Dr A. Example, Consultant Radiologist
Signed on:	Reported 12/09/2026 10:15
Report status:	Final

EXAMPLE

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Dear Example Patient,

Your MRI report has come back and I have reviewed it. Below is what it shows in plain English, what it means for you, and a clear plan for the next steps. Nothing on your scan needs urgent action.

Your results at a glance

Finding	What it means	How important
Tear in the medial meniscus	The meniscus is a rubbery cushion between the thigh and shin bones. Yours has a tear on the inner side, matching where you feel pain. It has not flipped or come loose.	Main cause of your symptoms
Mild sprain of the inner knee ligament (MCL)	A minor strain of the ligament on the inner side. It usually heals by itself within 6–8 weeks.	Minor
Early wear of the joint surface	Slight thinning of the smooth cartilage on the inner side. This is common from our 40s onwards.	Minor — worth protecting
Small amount of fluid and a small Baker's cyst	Fluid the knee makes when irritated. The cyst is a pocket of that fluid behind the knee. Both usually settle as the knee recovers.	Minor
Ligaments (ACL and PCL) and bones	Normal. No fracture.	Reassuring

What this means for you

Your symptoms are most likely coming from the meniscus tear. Tears like yours, which are stable and have not caused the knee to lock, usually improve with a structured exercise programme. Large studies have shown that, for this type of tear, physiotherapy gives similar results to keyhole surgery for most people, so surgery is not the first step.

Your action plan

When	What to do	Who
Now	Keep active within comfort. Avoid twisting, deep squats, kneeling and running on uneven ground for now. Walking, cycling and swimming (not breaststroke kick) are good.	You
Now	Simple pain relief if needed: regular paracetamol, and an anti-inflammatory gel on the knee. Ice for 15 minutes after activity if it swells. Check with a pharmacist if you take other medicines.	You
Within 2 weeks	Start physiotherapy: a 6–12 week programme to strengthen the thigh (quadriceps), hamstrings and hip muscles, which takes load off the meniscus. We can book this for you at our Bamber Bridge clinic, or you can use your NHS or insurance physiotherapist.	Physiotherapist
6 weeks	GP review by phone or video to check progress. Book through us or reply to this letter.	GP
12 weeks	If pain is improving: continue home exercises and gradually return to sport. If not improving, or the knee keeps catching: we will refer you to an orthopaedic knee specialist to discuss further options.	GP
Long term	Keep the thigh muscles strong and stay at a healthy weight. This protects the joint surface and lowers the chance of further wear.	You

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When to get help sooner

Contact us or your NHS GP within a few days if:

- your knee **locks** and you cannot fully straighten it
- it repeatedly **gives way**
- swelling gets much worse, or you cannot put weight on the leg

Seek urgent medical help (NHS 111, or 999 in an emergency) if:

- your calf becomes **hot, red, swollen or painful** — this can be a ruptured Baker's cyst, but a blood clot must be ruled out the same day
- the knee becomes hot and red and you feel feverish or unwell

Sharing your results

This report and summary are yours to keep. You can give a copy to your NHS GP so it is on your record. If you would like us to send it to them, or would like a referral letter to a physiotherapist or specialist (£30), just let us know.
If you have any questions, call us on 01772 282189 and we will book you a call with a GP.

Yours sincerely,

Dr [GP name]
GP, Northwest Health
3–4 Dollywaggon Way, Bamber Bridge, Preston PR5 6EW · 01772 282189

This is a fictional example to show the format of a Scan Path report. It does not describe a real patient, and the advice in it applies only to this example. Your own report and plan will reflect your own scan, symptoms and medical history.

EXAMPLE