

Your Second Opinion

Independent Swiss subspecialty radiology review

Report reference / Order no.
SAMPLE-001

Date of report
24.10.2026

Reporting radiologist
Oxana Smagulova

Patient name	Sample Patient (fictitious)	Date of birth	01.01.1980
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Reason for review

What health complaints or diagnoses do you have?

Pain on the inner side of the right knee since a skiing fall in February 2026, worse when climbing stairs and after sitting. The first report mentioned a meniscal tear and surgery was suggested.

What tests have already been carried out?

MRI of the right knee on 15.09.2026 (subject of this request). Clinical examination by my orthopaedic surgeon.

What is the main reason you would like a second opinion?

I would like to understand whether the tear is as described, whether anything else is damaged, and whether surgery is really the only option.

Your questions to the radiologist

1. Is the medial meniscus torn, and if so, what type of tear is it?
2. Are the cruciate ligaments intact?
3. Is there damage to the cartilage?
4. From the imaging point of view, would conservative treatment be reasonable to discuss?

Examination and images reviewed

Modality	MRI
Body region	Right knee
Date of examination	15.09.2026
Comparison (prior imaging)	None available

Findings

Menisci

The posterior horn of the medial meniscus shows a horizontal to oblique signal reaching the inferior articular surface, in keeping with a degenerative tear. No displaced fragment, no bucket-handle configuration. The lateral meniscus is intact.

Ligaments

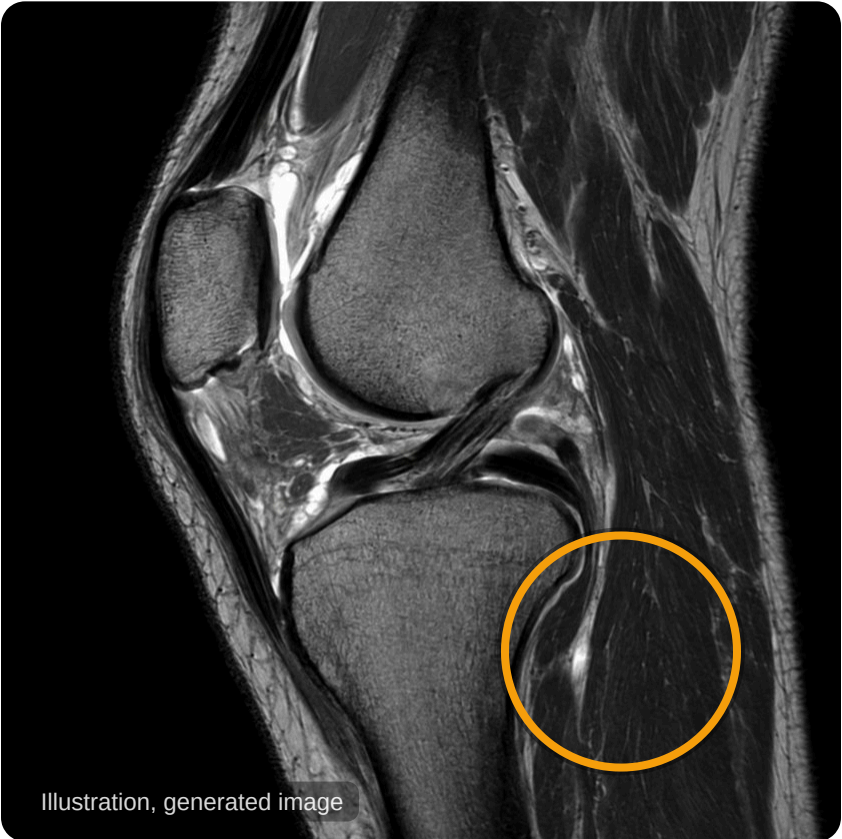
The anterior and posterior cruciate ligaments are intact, with normal course and signal. The medial and lateral collateral ligaments are intact. The extensor mechanism is normal.

Cartilage and bone

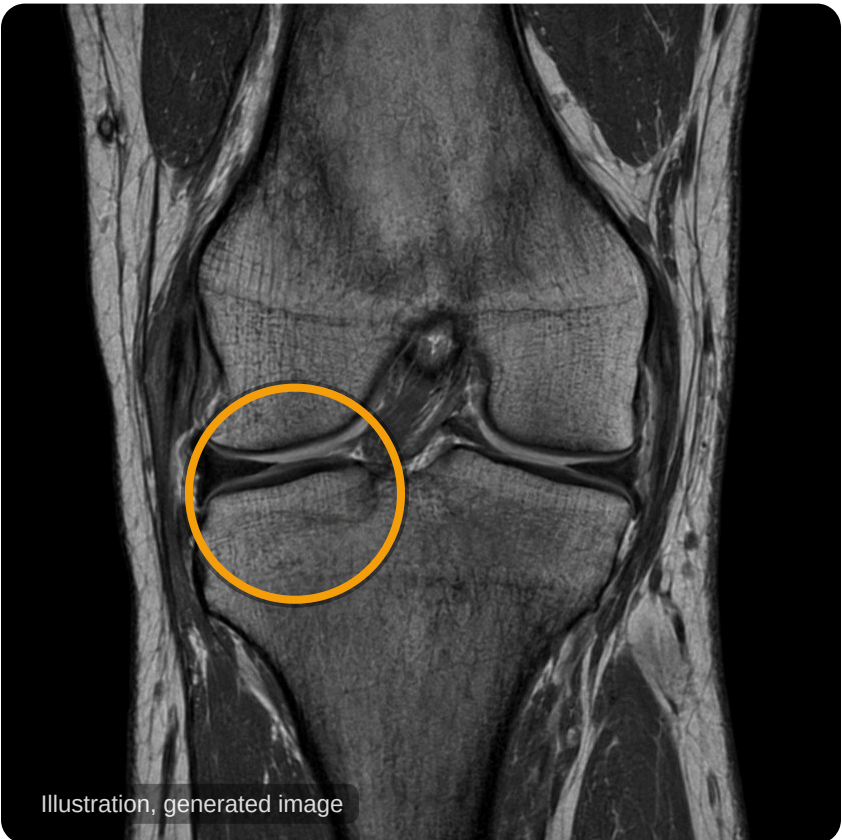
Focal partial-thickness cartilage thinning over the weight-bearing medial femoral condyle without a full-thickness defect. Small area of subchondral bone marrow oedema beneath it. Lateral and patellofemoral compartments preserved. No fracture, no bone lesion.

Joint

Small joint effusion. No Baker cyst. No loose body.



Sagittal view: horizontal signal in the posterior horn of the medial meniscus reaching the inferior surface (marked).



Coronal view: cruciate and collateral ligaments intact; partial-thickness cartilage thinning of the medial femoral condyle (marked).

Impression

1. Degenerative horizontal tear of the posterior horn of the medial meniscus, no displaced fragment.
2. Early cartilage wear in the medial compartment with small subchondral bone marrow oedema.
3. Cruciate and collateral ligaments intact. Small effusion.
4. No sinister finding.

Your questions, answered

1. Is the medial meniscus torn, and if so, what type of tear is it?

Yes. The posterior horn of the medial meniscus shows a horizontal tear of degenerative type. There is no displaced fragment and no sign of a locked knee.

2. Are the cruciate ligaments intact?

Yes. Both cruciate ligaments are intact, as are the collateral ligaments.

3. Is there damage to the cartilage?

Yes, to a limited degree: partial-thickness thinning of the cartilage on the inner femoral condyle, with a small reaction in the bone beneath it. There is no full-thickness defect.

4. From the imaging point of view, would conservative treatment be reasonable to discuss?

From the imaging alone there is no displaced fragment and no mechanical block, findings that are often managed without surgery at first. Whether that is right for you depends on your symptoms and examination, which your orthopaedic surgeon weighs together with this report.

Summary for you

Your knee shows a wear-type tear of the inner meniscus and early cartilage wear in the same part of the joint. The ligaments are intact. Nothing in these images is dangerous. Please take this report to your orthopaedic surgeon to discuss the next step together.

Reporting radiologist

Oxana Smagulova

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(MEBEKO)

24.10.2026

This sample report shows the structure and language of an Alpine Diagnostics second opinion. The case is fictitious and the images are generated illustrations. Real reports are specific to the examination and often longer. A second opinion supports the decision you make with your treating physician; it does not replace your physician.