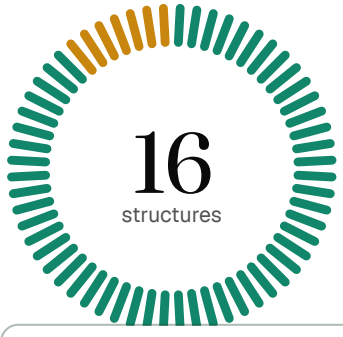
Consultation preparation

MONTH OF EXAMINATION	August 2026
REGION	left knee
SCANNER	FUJIFILM Healthcare Corporation APERTO_Lucent · 0.38 T
GENERATED ON	01/11/2026

At a glance



14 typical appearance
Nothing out of the ordinary on these images.

2 worth asking your doctor
Worth raising at your appointment. The strongest thing we say.

0 cannot be assessed on these images
A limit of the images, not a conclusion about you.

SAMPLE DOCUMENT

This is a sample of the consultation preparation Remene creates from an MRI and its radiology report. It was generated in English. Remene supports multiple languages, so yours is prepared in the language you choose.

Remene

Your MRI, in words you understand.

Upload the folder you got from radiology and find out what your images show, what your report says and what to ask your doctor.

01
Upload the folder
The one on your CD or USB stick, just as you got it. An archive works too.

02
We read it
We prepare your images, the analysis and, if you add it, your report explained.

03
You understand
Read, ask and leave with the document for your doctor.

These explanations are generated automatically by AI from your images and have not been checked by a doctor.

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.

What was scanned

MRI of your left knee, including the knee ends of the thighbone, shinbone and fibula, the kneecap, and nearby soft tissues.

SEQUENCES USED

- Series 7-add, 11-add and 15-add are fat-suppressed PD images viewed from the side, front and across the knee. Series 18, 21 and 25 are additional diagnostic fat-suppressed PD series in those same views.
- Series 22 and 26 are T1 images viewed from the front and side. These provide another view of the bones and surrounding anatomy.

LIMITATIONS OF THE SCAN

This analysis explains selected structures on the slices it examined, not every image or every structure in the study. The images do not cover the whole thigh or calf. Uneven fat suppression and limited fine detail make subtle tissue changes, small cartilage surface changes and the full extent of some bright areas harder to assess.

Your report, explained

Findings

Knee joint fluid spaces

FROM THE REPORT:

> “No significant intra-articular fluid accumulation.”

IN PLAIN TERMS:

The report saw no significant (notable) fluid buildup inside your knee joint (where bones meet).

Soft tissues behind the knee

FROM THE REPORT:

> “Minimal loculated fluid collections in the medial gastrocnemius-semimembranosus bursa.”

IN PLAIN TERMS:

The report describes minimal (very small) pockets of fluid in a bursa (a small fluid cushion). This bursa lies between two tissues behind your knee.

SAMPLE

FROM THE REPORT:

> “Mild enthesopathic signal changes at the insertion of the semimembranosus tendon.”

IN PLAIN TERMS:

The report describes mild (small) enthesopathic changes (changes where a tendon attaches to bone). The tendon (muscle-to-bone cord) belongs to the semimembranosus (a muscle behind your knee).

Medial meniscus

FROM THE REPORT:

> “Medial meniscus without evident lesions.”

IN PLAIN TERMS:

The report saw no evident (visible) lesions (areas of damage) in your medial meniscus. This is the inner cartilage cushion (smooth padding) in your knee.

Inner knee joint cartilage

FROM THE REPORT:

> “Medial femorotibial articular cartilage without evident surface erosions.”

IN PLAIN TERMS:

The report saw no evident (visible) surface erosions (worn spots) on your inner joint cartilage. This smooth covering lies between your thighbone and shinbone.

Medial collateral ligament

FROM THE REPORT:

> “Medial collateral ligament without signs of rupture.”

IN PLAIN TERMS:

The report saw no signs of rupture (a tear) in your medial collateral ligament. This ligament (bone-to-bone band) runs along your knee's inner side.

SAMPLE

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.

Lateral meniscus

FROM THE REPORT:

> “Lateral meniscus without evident lesions.”

IN PLAIN TERMS:

The report saw no evident (visible) lesions (areas of damage) in your lateral meniscus. This is the outer cartilage cushion (smooth padding) in your knee.

Outer knee joint cartilage

FROM THE REPORT:

> “Lateral femorotibial articular cartilage without evident surface erosions.”

IN PLAIN TERMS:

The report saw no evident (visible) surface erosions (worn spots) on your outer joint cartilage. This smooth covering lies between your thighbone and shinbone.

Lateral collateral ligament

FROM THE REPORT:

> “Lateral collateral ligament without signs of rupture.”

IN PLAIN TERMS:

The report saw no signs of rupture (a tear) in your lateral collateral ligament. This ligament (bone-to-bone band) runs along your knee's outer side.

Cartilage behind the kneecap

FROM THE REPORT:

> “Patellar and trochlear cartilage without evident surface erosions.”

IN PLAIN TERMS:

The report saw no evident (visible) surface erosions (worn spots) in the named cartilage. Cartilage is smooth covering on your kneecap and the thighbone groove beneath it.

SAMPLE

Quadriceps tendon

FROM THE REPORT:

> "The quadriceps tendon appears mildly thickened at its patellar insertion, with edematous-inflammatory changes and a few linear intratendinous calcifications, consistent with calcific insertional enthesopathy."

IN PLAIN TERMS:

The report describes mild (small) thickening where your quadriceps tendon (thigh-muscle cord) meets your kneecap. It describes swelling-like changes and a few thin calcium deposits (mineral buildup) inside that tendon. The report calls this calcific insertional enthesopathy (calcium-related change at the attachment).

Patellar tendon

FROM THE REPORT:

> "The patellar tendon shows mild edematous-inflammatory changes at its proximal insertion, without signs of rupture."

IN PLAIN TERMS:

The report describes mild (small) swelling-like changes where your patellar tendon attaches near your kneecap. This tendon is the cord below your kneecap; the report saw no rupture (tear).

Conclusions

FROM THE REPORT:

> "Calcific enthesitis of the quadriceps tendon."

IN PLAIN TERMS:

The report concludes your quadriceps tendon has calcific enthesitis (calcium-related irritation where it attaches). This is the thigh-muscle cord above your kneecap.

FROM THE REPORT:

> "Mild proximal enthesitis of the patellar tendon."

IN PLAIN TERMS:

The report concludes your patellar tendon has mild proximal enthesitis (small irritation at its upper attachment). This tendon is the cord below your kneecap.

SAMPLE

FROM THE REPORT:

> “Mild semimembranosus enthesopathy.”

IN PLAIN TERMS:

The report concludes there is mild (small) semimembranosus enthesopathy (change at a tendon attachment). The semimembranosus is a muscle behind your knee.

FROM THE REPORT:

> “No meniscal or ligamentous lesions demonstrable on MRI.”

IN PLAIN TERMS:

The report says MRI (a scan using magnets) showed no meniscal or ligamentous lesions. That means no visible damage in your knee's cartilage cushions or bone-to-bone bands.

Recommendations

FROM THE REPORT:

> “N.B. The MRI grade of the lesions should be correlated with the clinical orthopaedic and functional assessment to establish the final grade of the lesions and the treatment plan.”

IN PLAIN TERMS:

The report asks your doctor to compare its MRI grade (scan-based step) with an orthopaedic assessment. That assessment checks your bones, joints, symptoms, and how your knee works. It asks for this comparison to set the final grade and treatment plan.

The recommendations are your doctor's. The explanation above helps you understand them but does not replace them.

Other findings

FROM THE REPORT:

> “No medical records regarding the patient's history are available.”

IN PLAIN TERMS:

The report says your medical history records were unavailable. The reader of your scan could not use them for background.

SAMPLE

FROM THE REPORT:

> “The examined bone segments show no pathological bone marrow signal changes.”

IN PLAIN TERMS:

The report saw no pathological changes (unusual changes) in bone marrow signal (how bone interiors appear). This applies to the bone parts examined.

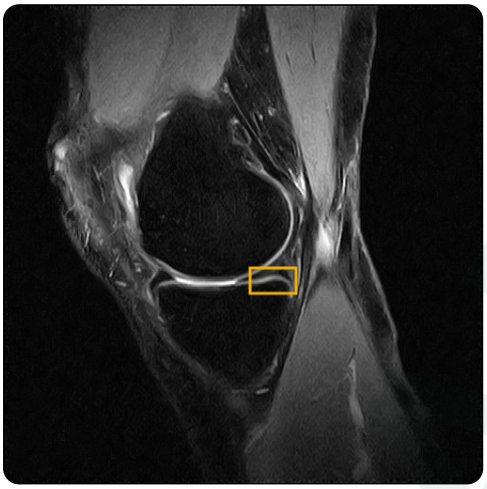
FROM THE REPORT:

> “Anterior and posterior cruciate ligaments without signs of rupture.”

IN PLAIN TERMS:

The report saw no signs of rupture (a tear) in your anterior and posterior cruciate ligaments. These are crossing bone-to-bone bands inside your knee, toward its front and back.

The analysis



1. Medial meniscus

typical appearance

WHAT IT IS

The medial meniscus is a C-shaped pad of cartilage on the inner side of the knee. It cushions the joint and helps keep it stable.

WHAT WE CAN SEE HERE

On the cited images, the medial meniscus appears as a dark wedge between the thighbone and shinbone. Its visible outline and position are similar on neighboring side views and front views.

WHY

The inspected portions keep the expected wedge shape and position across the cited views. Fine internal detail is less clear than the outline, so this describes only the appearance visible here.

SAMPLE

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.



2. Lateral meniscus

typical appearance

WHAT IT IS

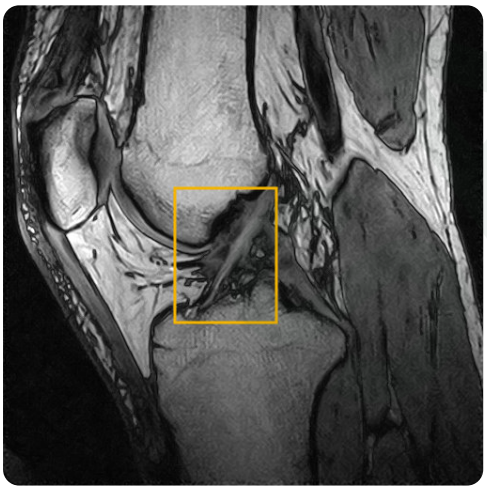
The lateral meniscus is a crescent-shaped pad of cartilage on the outer side of the knee. It cushions the joint and helps spread weight across it.

WHAT WE CAN SEE HERE

On the cited images, the lateral meniscus appears as dark, tapered tissue between the thighbone and shinbone. Its visible portions stay in their expected position, without a clear bright line running through the tissue.

WHY

The visible portions have a typical shape and position on the inspected coronal and sagittal images. Fat-suppressed images provide a second view, although suppression varies, so this describes only the portions shown here.



3. Anterior cruciate ligament

typical appearance

WHAT IT IS

The anterior cruciate ligament is a band inside the knee that connects the thighbone to the shinbone. It helps keep the shinbone from sliding too far forward.

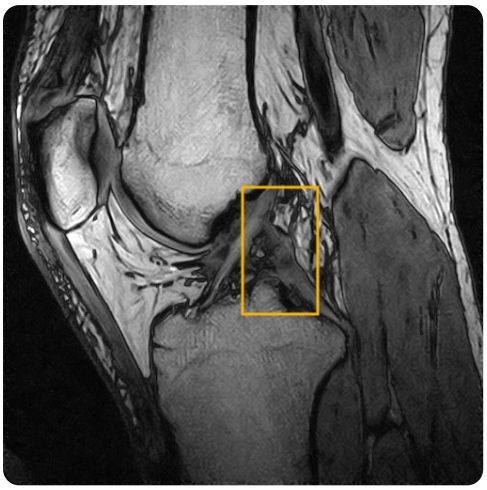
SAMPLE

WHAT WE CAN SEE HERE

You can see a slanted band between the thighbone and shinbone on the cited images. It remains visible on a nearby slice.

WHY

You can follow the band without an obvious break on the inspected side-view images. Variable fat suppression means you cannot judge subtle changes within its fibers as confidently.



4. Posterior cruciate ligament

typical appearance

WHAT IT IS

The posterior cruciate ligament is a tough band connecting the thighbone and shinbone. It helps keep the shinbone from sliding too far backward.

WHAT WE CAN SEE HERE

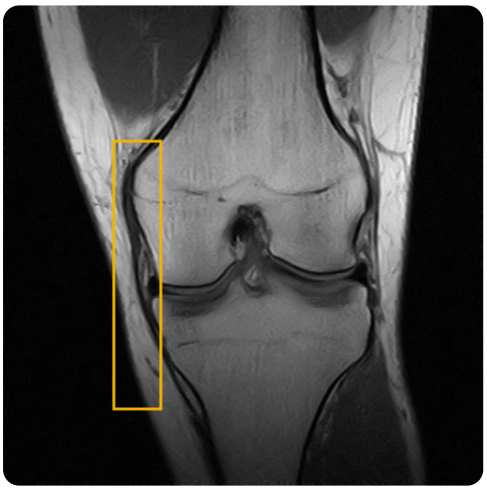
On the cited side-view images, a dark band can be traced through the back of the knee joint between the two bones. Dark fibers are also visible in the central joint space on the front-view image.

WHY

The band has no clear gap on the neighboring side-view images, and the front-view image supports its position. Uneven fat suppression makes fine detail harder to judge on one image sequence.

SAMPLE

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5. Medial collateral ligament

typical appearance

WHAT IT IS

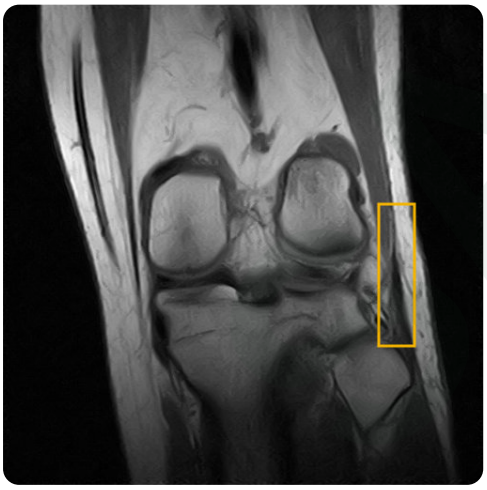
The medial collateral ligament is a strong band on the inner side of the knee. It connects the thighbone to the shinbone and helps keep the knee stable.

WHAT WE CAN SEE HERE

On the cited images, the ligament appears as a dark band running along the inner side of the knee. It can be followed across the joint without a clear gap.

WHY

The band appears continuous on neighboring images and on two image types. Uneven fat suppression on some images limits assessment of subtle changes around it; this status describes only its visible appearance.



6. Lateral collateral ligament

typical appearance

WHAT IT IS

The lateral collateral ligament is a strong band on the outer side of the knee. It connects the thighbone to the top of the fibula and helps resist sideways bending.

SAMPLE

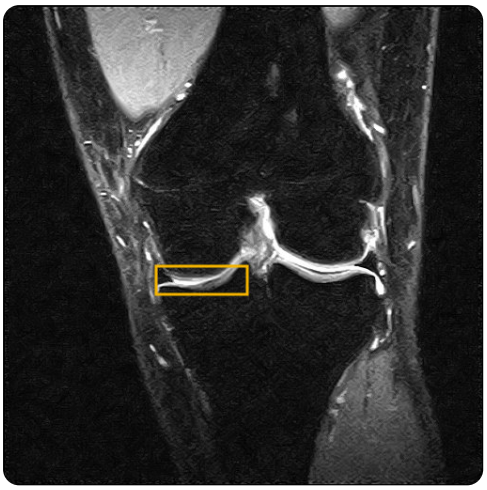
Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.

WHAT WE CAN SEE HERE

On your images, a narrow dark band runs along the outer side of the knee toward the top of the fibula. Its outline is less distinct on the fat-suppressed image, where there is brighter signal beside it.

WHY

On the inspected images of your knee, the band has no clear break. Its less distinct outline on the fat-suppressed image limits how firmly its full length can be assessed.



7. Inner knee joint cartilage

typical appearance

WHAT IT IS

Inner knee joint cartilage is the smooth covering on the ends of the thighbone and shinbone where they meet. It helps them glide and spreads pressure.

WHAT WE CAN SEE HERE

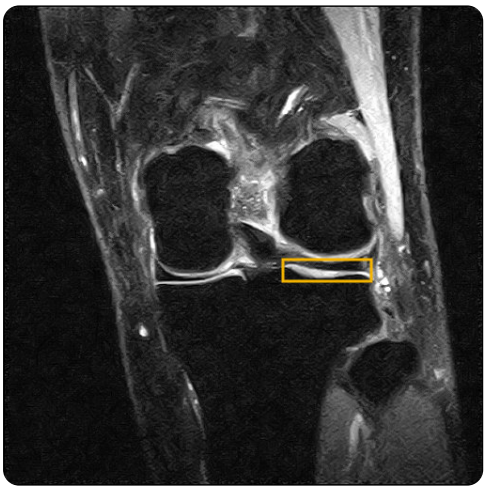
On the cited images, the cartilage lining along the inner joint surfaces looks fairly even, with no obvious break in the visible portions.

WHY

The inspected cartilage has a typical appearance on front and side views. Limited image detail and uneven fat suppression make very small surface changes harder to assess.

SAMPLE

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.



8. Outer knee joint cartilage

typical appearance

WHAT IT IS

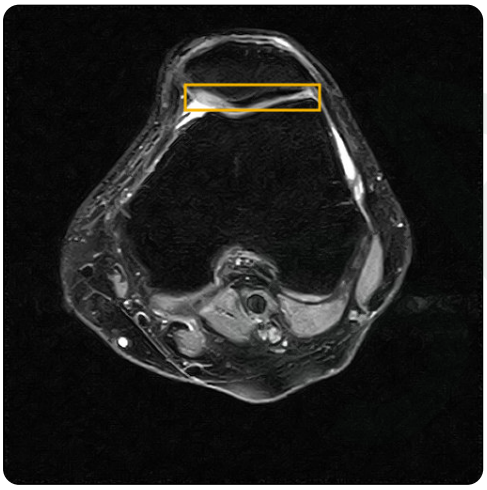
Outer knee joint cartilage is the smooth cushioning layer on the ends of the thighbone and shinbone where they meet. It helps the bones glide and spreads pressure.

WHAT WE CAN SEE HERE

On the inspected images, the cartilage along the outer thighbone and shinbone appears as continuous, fairly even layers.

WHY

The layers remain visible on nearby views and from another angle, without a clear break in the portions shown. Small surface changes may be difficult to see on these images.



9. Cartilage behind the kneecap

typical appearance

WHAT IT IS

Cartilage is the smooth lining behind the kneecap. It helps the kneecap glide over the thigh bone as your knee bends.

SAMPLE

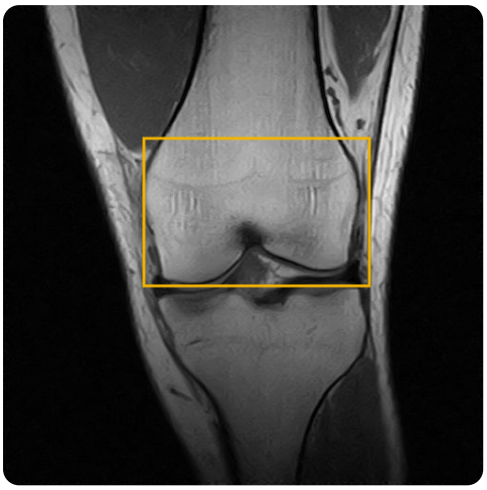
Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.

WHAT WE CAN SEE HERE

On the cited images, the cartilage behind the kneecap appears as a thin, fairly smooth, continuous band. Its outline is also visible in the side view.

WHY

The inspected views support a typical appearance of this cartilage, without a clear gap in the visible lining. Fine surface detail is limited by the image resolution, so this does not assess every small change.



10. Lower thigh bone

typical appearance

WHAT IT IS

The lower thigh bone, called the distal femur, forms the upper part of your knee joint and helps carry weight through the leg.

WHAT WE CAN SEE HERE

In the cited images, the lower thigh bone has smooth, continuous outer edges. Its interior looks fairly even on the T1 images, without a matching conspicuous bright area on the fat-suppressed images.

WHY

This is a typical appearance of the inspected lower thigh bone across the cited views. The images cover the knee end of the bone, not the whole thigh.

SAMPLE



11. Upper shin bones

typical appearance

WHAT IT IS

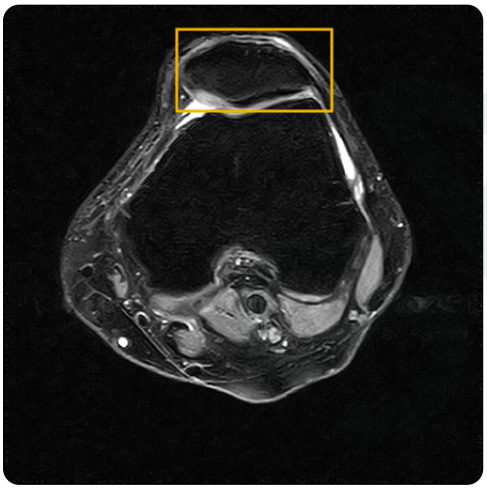
The tibia is the larger shin bone and carries weight beneath the knee. The fibula is the smaller bone beside it and helps support the outer knee.

WHAT WE CAN SEE HERE

On the cited images, the visible upper tibia and fibula have smooth, continuous outer edges. Their internal appearance looks fairly even.

WHY

The upper parts shown look typical on the inspected views, including images made with different settings and a side view. These knee images do not show the full length of either bone.



12. Kneecap

typical appearance

WHAT IT IS

The kneecap is the small bone at the front of the knee. It helps the thigh muscles straighten the leg and protects the joint.

SAMPLE

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.

WHAT WE CAN SEE HERE

On the cited images, the kneecap sits in front of the thighbone. Its visible outer edge appears continuous on the inspected views.

WHY

The outline is visible on adjacent slices and in side and front views, without a clear break. This describes the kneecap's visible bone outline only, not the whole knee.



13. Quadriceps tendon

typical appearance

WHAT IT IS

Your quadriceps tendon connects the muscles at the front of your thigh to your kneecap. It helps straighten your knee.

WHAT WE CAN SEE HERE

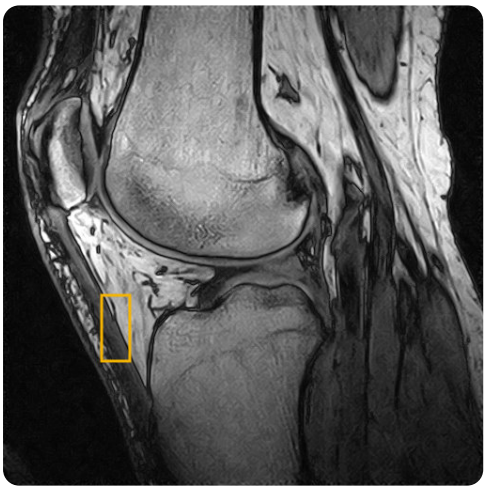
In your side-view images, the tendon appears as a dark band reaching the upper edge of the kneecap. A cross-sectional image also shows it above the kneecap. No clear gap is visible in the portion shown.

WHY

The portion of your tendon near the kneecap looks continuous in these images. Fat suppression varies in the cross-sectional images, and the images do not cover your whole thigh.

SAMPLE

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.



14. Patellar tendon

typical appearance

WHAT IT IS

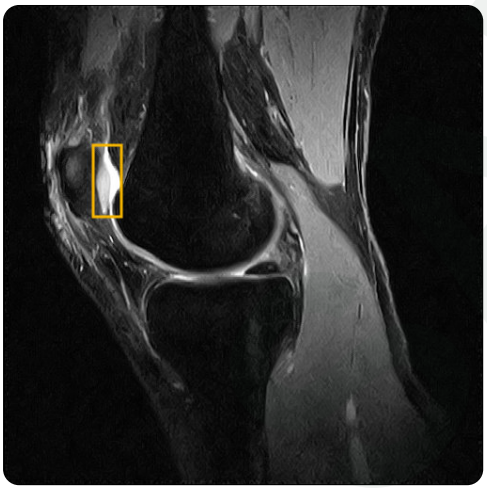
The patellar tendon is a strong band connecting the kneecap to the shinbone. It helps straighten your knee.

WHAT WE CAN SEE HERE

On the cited images, the tendon appears as a continuous dark band below the kneecap, extending toward the shinbone. No gap is visible in the portions shown.

WHY

Its continuity is supported by nearby sagittal slices and a second image sequence. Fat suppression varies between images, so this assessment is limited to the appearance of the inspected tendon.



15. Knee joint fluid spaces

worth asking your doctor

WHAT IT IS

The knee has small spaces between its moving bones. A thin layer of joint fluid helps them glide smoothly.

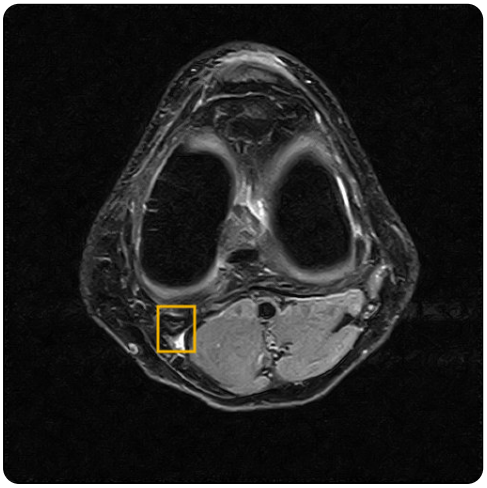
WHAT WE CAN SEE HERE

A bright pocket of fluid is visible behind the kneecap and alongside the thighbone. It extends across nearby images and looks thicker than a thin film.

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.

WHY

The fluid pocket is visible in both side and cross-sectional views, making the amount worth discussing at your consultation. Uneven fat suppression in parts of the scan limits how precisely its extent can be judged.



16. Soft tissues behind the knee

worth asking your doctor

WHAT IT IS

The soft tissues behind your knee include muscles, tendons, fat, blood vessels and nerves. They help move the knee and carry blood and nerve signals through the leg.

WHAT WE CAN SEE HERE

A narrow bright streak is visible beside the back of the joint on two cross-sectional images. A side-view image shows brightness near the same area. The surrounding muscles remain outlined.

WHY

The localized bright streak looks different from the surrounding tissue and is worth asking about at your consultation. Uneven fat suppression makes it uncertain whether all of that brightness represents fluid. These images cover the knee, not the whole thigh or calf.

SAMPLE

Glossary

Meniscus	A pad of cartilage between the thighbone and shinbone that cushions the knee.
Cartilage	Smooth, firm tissue that cushions joint surfaces and helps them glide.
Ligament	A strong band connecting bones and helping stabilize a joint.
Tendon	A strong band connecting muscle to bone.

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Tibia	The larger shinbone.
Fibula	The smaller bone beside the shinbone.
Joint fluid	Liquid that helps the surfaces of a joint move smoothly.
Soft tissues	Tissues around bones, including muscles, tendons and fat.
Fat suppression	An MRI setting intended to make fat look darker. Its effect varies in some of these images.
PD images	MRI images made with a proton-density setting, one way of showing differences between tissues.
T1 images	MRI images made with a setting on which fat, including fat inside bone, tends to look bright.

SAMPLE

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.

Questions for the doctor

Questions you can ask your doctor:

AI diagnostic opinion: not reviewed by a doctor

- [ ] What does the fluid pocket in my knee mean in the context of my symptoms?
- [ ] What might explain the bright streak behind my knee, given the imaging uncertainty?
- [ ] Do the limits on fine detail or uneven fat suppression matter for what you need to assess?
- [ ] Does the fluid on these images change how you interpret the report's assessment of fluid in my knee?
  SUGGESTED BY THE SECOND OPINION
- [ ] How do you interpret the difference about joint fluid?
- [ ]
- [ ]
- [ ]

SAMPLE

Remene helps you understand your MRI. The AI second opinion is optional, not reviewed by a doctor, and does not replace a consultation.

Notes

SAMPLE