Answer is pseudogout

This name is traditionally used for the calcium pyrophosphate crystal-related disorders

CPPD disease is a disease of older adults, and radiographic surveys demonstrate an age-related increase in the prevalence of articular cartilage calcification. There is no major sex predominance, although attacks of acute CPP crystal arthritis (often termed pseudogout) occur more frequently in men, while osteoarthritis (OA) with CPP deposition is more common in women.

Synovial fluid analysis in CPPD disease is characterized by the presence of weakly positively birefringent CPP crystals that may be detected by compensated polarized light microscopy. Phagocytosed crystals within polymorphonuclear leukocytes are virtually always present in inflamed joints during an acute attack of CPP crystal arthritis . The total synovial fluid leukocyte concentration is typically 15,000 to 30,000 per mm3, 90 percent of which are neutrophils.

Plain film radiographic calcium crystal deposition in fibrocartilage, in or hyaline or articular cartilage, called cartilage calcification (chondrocalcinosis), [as shown in the xray of this question] ,is a common accompaniment of symptomatic CPPD but frequently exists in asymptomatic individuals. CPP crystal deposits typically appear as punctate and linear radiodensities in cartilage and, with lesser frequency, in ligaments, tendons, synovium, and joint capsules. Even in the absence of demonstrable cartilage calcification, CPPD is often detectable radiographically in patients with degenerative changes in joints. Ultrasonographic findings that correlate with radiographic features of CPPD disease have also been described.