

PATIENT NAME: XXXX, XXXX
PATIENT ID 99999999UGO
GENDER: Female
DOB: XX/XX/XXXX
REFERRING PHYSICIAN: XXXX, XXXX MD
ORGANIZATION: UGO
REPORTING RADIOLOGIST: Joseph Ugorji, DO
DICTION TIME: 10/5/2023 at 1055 EST

ACCESSION NUMBER: 999999UGO
REPORT STATUS: Final **REQUESTED**
PROCEDURE:
MR Right Hip with/without contrast
PROCEDURE DESCRIPTION:
MR Right Hip with/ without contrast
MODALITY: MR

HISTORY/CLINICAL NOTES:

DIAGNOSTIC TESTING: Left Hip Pain, MVC

COMPARISON STUDIES:

No prior right hip imaging provided.

TECHNIQUE: Multiplanar MR images of the bilateral hips with dedicated multiplanar images of the right hip with and without IV contrast (indirect arthrogram), 3D rendering with interpretation and reporting of MRI sequences, post-processing required and performed by physician on an independent workstation.

RADIOLOGIC-MEDICAL:

- Greater than 50% partial-thickness chondral fissures in the anterior-superior right acetabular cartilage.
- 1.5 cm anterior-superior acetabular labral tear (see details in report).
- Swelling asymmetrically along the right ligamentum teres, posterior transverse acetabular ligament, medial fibers of the ischiofemoral ligament and right inferior acetabular periosteum. Differential diagnostic considerations include ligament sprain and/or inflammation involving the structures listed above.
- T2 hyperintense to the involved left sciatic nerve and left sacrotuberous ligament (see discussion in report of possibilities which include possibility for imaging artifact)

CODES:

M24.151 - Other articular or labral or cartilage disorders, right hip

S73.113 - Sprain of right ischiofemoral ligament

STRUCTURAL FINDINGS:

RADIOLOGY FINDINGS:

No fracture or dislocation involving bony pelvis or either hip.

No suspicious marrow lesion. No avascular necrosis in either hip.

Greater than 50% partial-thickness chondral fissures in the anterior-superior right acetabular cartilage.

1.5 cm anterior-superior enhancing acetabular labral tear (1-3:00 positions at the chondro-osseous junction), at the lower tear margin architectural distortion noted at the labral-capsular junction, at the superior tear margin intra labral hyperintensity suggests some complex tear components therein, no paralabral pseudocyst.

Fluid diffusely involves the right ligamentum teres, worse at the transit transverse acetabular ligament attachment with low-grade periosteal swelling about the inferior rim of acetabulum. No joint effusion in either hip.

Greater femoral trochanters intact without trochanteric bursitis.

Gluteal tendinous insertions intact.

Anterior thigh compartment musculature intact bilaterally.

Iliopsoas muscle and tendons intact bilaterally.

No iliopsoas bursitis.

Lesser femoral trochanters intact.

[] pubic symphysis articular disc without tear into adductor aponeurosis, subchondral stress reaction, tear of adductor muscular origins or tear of the rectus abdominus tendinous insertions.

Scattered, nonenlarged inguinal lymph nodes seen bilaterally.

Ischial tuberosities intact as are the hamstring tendinous origins. 4-5 cm grade 1 of 2 T2 hyperintense to the asymmetrically involves the left sciatic nerve after its crossing with piriformis (correlate for left sciatica and/or piriformis syndrome, finding may be exaggerated secondary to nearby field inhomogeneity artifacts).

No MR evidence to suggest ischiofemoral impingement.

2.5 cm asymmetric T2 hyperintensity in the expected location of the left sacrotuberous ligament (partially

evaluated, finding may be exaggerated secondary to field inhomogeneity artifacts).
Gluteus maximus intact bilaterally. Sacrum intact bilaterally.
Lower sacroiliac joints intact bilaterally.

Susceptibility artifact (metal or rectal gas) obscures evaluation of the lumbosacral junction and upper sacroiliac joints/ligaments.

Partial evaluation demonstrate anteverted uterus normal volume. Partial evaluation 1.7 cm cystic structure in the right adnexa (presumed benign-appearing ovarian follicle).

BIBLIOGRAPHY –RIGHT HIP:

1. MRI of Labral and Chondral Lesions of the Hip. Ali Naraghi and Lawrence M. White. American Journal of Roentgenology 2015 205:3, 479-490 *Labral tears, Cartilage fissures, LT tear, subarticular cyst, direct=indirect MRA for cartilage and labrum*
2. Rakhra KS, Sheikh AM, Allen D, Beaulé PE. Comparison of MRI alpha angle measurement planes in femoroacetabular impingement. Clin Orthop Relat Res. 2009 Mar;467(3):660-5. doi: 10.1007/s11999-008-0627-3. Epub 2008 Nov 27. PMID: 19037709; PMCID: PMC2635465. *multi-plane alpha angle, 1-2:00 is usually highest*

IMAGES:









