



Steamboat Orthopaedic and
Spine Institute, 705 Marketplace
Plaza
Steamboat Springs, CO 80487
Phone# 970-879-6663/Fax#
970-871-1234

Patient:	BIRKINBINE, GRANT	Date:	October 6, 2023 08:22
DOB:	November 10, 1997	ID No:	379620OSS
		Acc No:	200891OSS

Examination: MR 73721^MAGNETIC RESONANCE IMAGING OF
RIGHT HIP WITHOUT CONTRAST

Final Report

Referred By: 1436107397, FILZEN TIM

EXAMINATION: MRI RIGHT HIP WITHOUT CONTRAST

DATE/TIME: 10/6/2023 8:22 AM

INDICATION: Right hip pain.

TECHNIQUE: Large field-of-view coronal T1 and inversion recovery of the pelvis and small field-of-view three-plane multisequence MRI without contrast.

COMPARISON: None.

FINDINGS:

Osseous pelvis, sacroiliac joints, and pubic symphysis:

No fracture/stress fracture or findings of ongoing osseous stress response in the pelvis through visualized proximal femurs. No femoral head avascular necrosis. Sacroiliac joints and pubic symphysis are intact. The imaged lower lumbar spine is within normal limits.

Right hip joint and acetabular labrum:

Acetabular morphology is within normal limits. Decreased offset at the femoral head/neck junction consistent with CAM morphology. No well-defined or measurable femoral or acetabular cartilage lesion identified; and no femoral or acetabular subchondral edema or cysts to provide secondary evidence for the presence of such. There is signal incompletely undermining the labrum posterosuperiorly which is indeterminate for normal variant sulcus versus chondrolabral separation. There is chondrolabral separation of the anterosuperior labrum from the 12 through 1:00 position leading to tear through the labral base extending from the 2 through 3:00 position approximately 2 cm long. Ligamentum teres is intact. Capsular distention of the hip joint with low signal intensity internal debris. Bone marrow edema within the femoral neck.

Measurements:

Coronal/lateral center edge angle: 28 degrees

Femoral alpha angle: 62 degrees

Equatorial acetabular version: 13 degrees

Muscles and tendons:

The regional muscles and tendons are intact. There is edema within the deep muscles about the hip.

Miscellaneous:

Internal pelvic structures are unremarkable. No free fluid collection.



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IMPRESSION:

1. Hip joint effusion with reactive edema of the femur and surrounding deep soft tissues. The joint effusion is complex containing low signal intensity internal debris. Findings are favored to represent pigmented villonodular synovitis. Hemophilic arthropathy can be considered in the appropriate clinical setting. Due to associated bone marrow and deep soft tissue edema, correlation with inflammatory markers and other signs of infection are recommended to exclude superimposed septic arthropathy.
2. Anterosuperior acetabular labral tear.
3. Proximal femoral cam morphology, correlate for clinical symptoms of femoroacetabular impingement.
4. No chondral injury about the hip.

The findings (#1) were discussed with Dr. Howard at 9:25 AM on 10/6/2023.

Thank you for the referral of this patient. This examination has been interpreted by a board certified radiologist with Diversified Radiology who is fellowship trained in Musculoskeletal Radiology. If there are any questions, please feel free to reach us at 303-446-3223.

Electronically signed by: Chelsea Jeranko, DO
10/6/2023 9:28 AM