



## STAND-UP MRI OF THE BRONX, P.C.

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**MULTI-POSITION MRI**

Accredited by the American College of Radiology

**GRACE FRIMPONG**

**N10083437-BI**

**Report Date: 05/02/2022**

**DOB: 12/10/1965**

**Exam Date: 05/01/2022**

**SEAN THOMPSON, MD**

**1045 PARK AVE GROUND FL**

**NEW YORK, NY 10028**

### MAGNETIC RESONANCE IMAGING OF THE RIGHT HIP

**TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 20-degree tilt position.

**HISTORY:** The patient complains of right hip pain with difficulty walking.

**INTERPRETATION:** There is a suspect tear at the mid superior right labrum and a small right hip joint effusion is noted. There is no paralabral cyst.

Common hamstring and gluteal tendinosis is noted without tear. Iliopsoas tendon is intact. There is no evidence of trochanteric or iliopsoas bursitis.

There is no evidence of fracture, joint space narrowing, marrow edema, chondral defect, or intraosseous lesion. There is no evidence of avascular necrosis.

Symphysis pubis, pubic rami, and their attachments, visualized pelvic anatomy, and sacroiliac joints are unremarkable.

There is no muscle signal intensity, atrophy, or soft tissue mass. Neurovascular bundles and sciatic notch are normal. Visualized abdominal wall is intact.

### IMPRESSION:

- Suspect tear, mid superior right labrum.
- Small right hip joint effusion.
- Common hamstring and gluteal tendinosis noted.

Sincerely,

GRACE FRIMPONG

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Samuel Mayerfield, MD  
Diplomate of the American Board of Radiology  
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SM/em