



STAND-UP MRI OF CARLE PLACE, P.C.

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DANITA BURTON

DOB: 01/02/1961

Exam Date: 09/30/2023

N10207450-CP

Report Date: 10/11/2023

KAREN PORTI, NP
189 FOREST AVENUE STE A
GLEN COVE, NY 11542

MAGNETIC RESONANCE IMAGING OF THE BILATERAL HIPs WITH ATTENTION TO THE LEFT HIP

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 30-degree tilt position.

HISTORY: Patient complains of left hip pain.

INTERPRETATION: On sagittal and axial sequencing, there is extension of pelvic fat through a defect in the left rectus musculature at the level of the hips compatible with an inguinal hernia. This may be further assessed by patient exam and history.

Trace amount of fluid is seen in the left hip joint which is felt to be within physiological range.

Examination, otherwise, demonstrates left hip osseous signal and morphology to be unremarkable. No focal abnormal areas of altered signal or morphology are otherwise noted involving the left acetabulum or proximal femur. No significant masses or altered signals are otherwise noted in the left hip muscular or fascial planes. Visualized portions of the pelvis including left obturator, piriformis, iliopsoas, gluteal, ischial and inguinal regions are also otherwise unremarkable in signal and morphology. There is no left hip CAM or pincer deformity noted.

IMPRESSION:

- No significant abnormalities noted in the left hip. Left fat-containing inguinal hernia identified as above. This may be further evaluated by patient exam and history.

Thank you for referring your patient to us for evaluation.

Sincerely,