

PHILIPS ELITION
3.0 TESLA DIGITAL MRI
FIRST UNIT IN SOUTH ASIA

NUTECH
DIAGNOSTIC CENTRE

◆ 3.0 TESLA DIGITAL MRI ◆ 128 SLICE CT SCAN ◆ 3D - 4D SONOGRAPHY
◆ DIGITAL X-RAY ◆ 2D ECHOCARDIOGRAPHY ◆ PATHOLOGY
◆ E.C.G. ◆ E.E.G. ◆ N.C.V. ◆ E.M.G.



PHILIPS INCISIVE CT
ULTRAFAST 128 SLICE CT
FIRST UNIT IN INDIA

Name : Mr. Shailesh Singh.
Referred by : Dr. Dhananjay Singh.

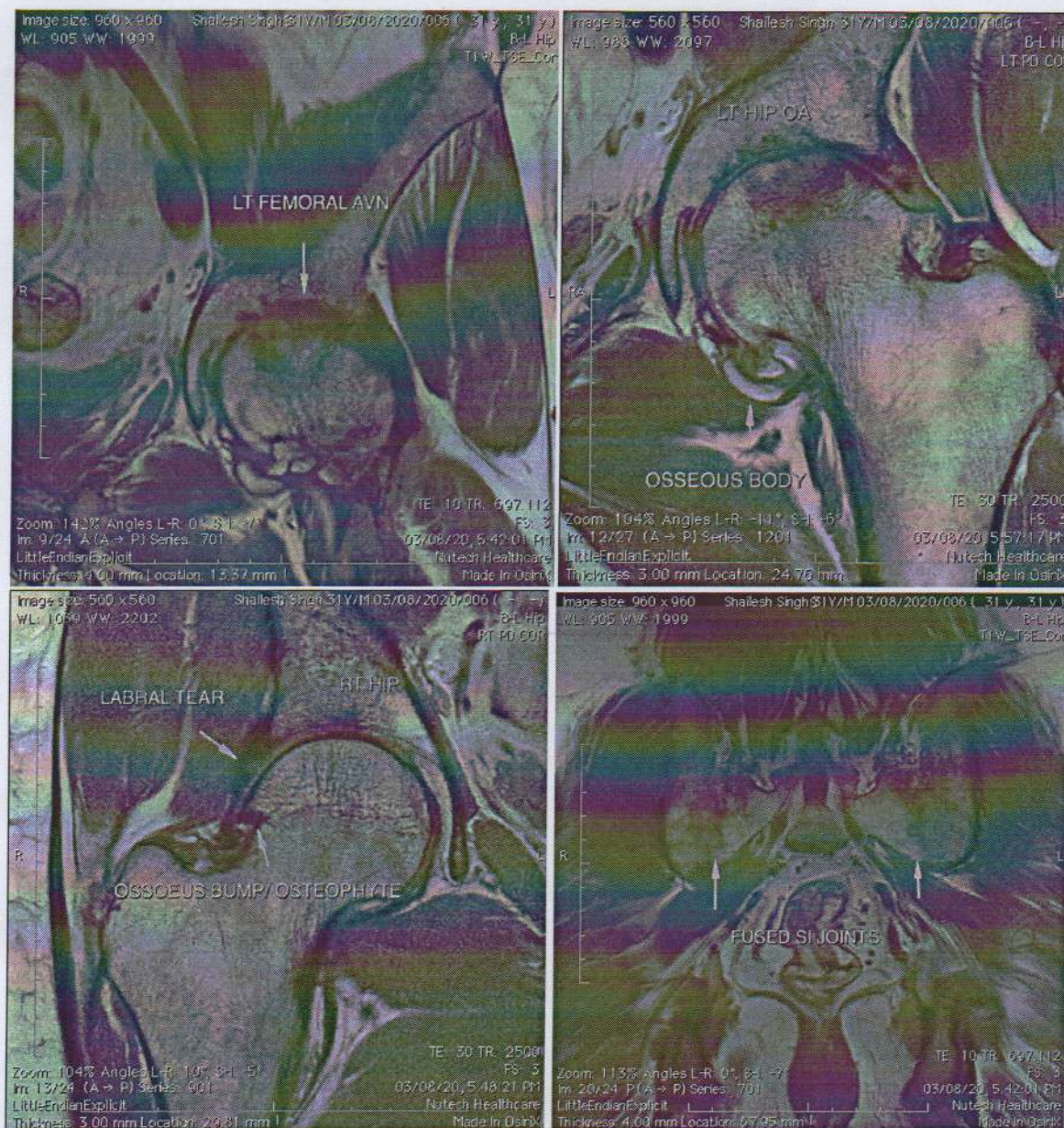
Age/Sex: 31yrs/M.
Date: 03/08/2020.

MRI SCAN OF PELVIS WITH BOTH HIPS

TECHNIQUE: Multiplanar multiecho MRI images of the pelvis with both hips.

CLINICAL HISTORY: Left hip pain.

FINDINGS:



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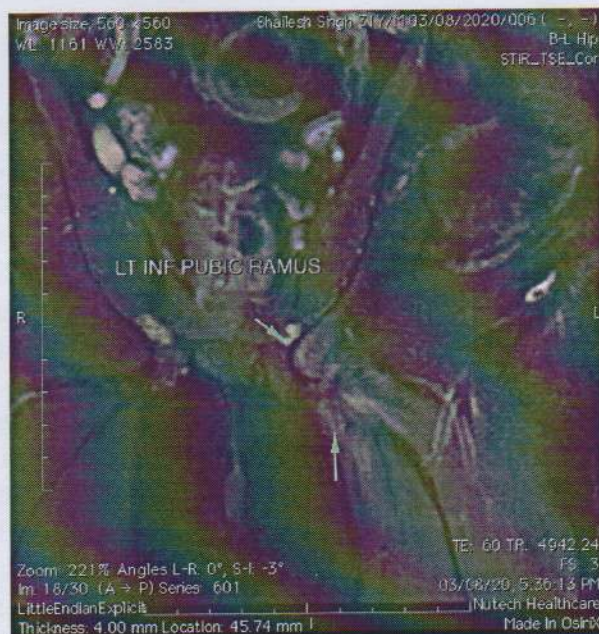
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No acute fracture.

Left hip: Geographic area of avascular necrosis involving more than 50% of the femoral head articular surface. Mild anterosuperior femoral head flattening with loss of femoral head sphericity. Full thickness anterosuperior femoroacetabular chondral loss with moderate subchondral cystic changes and mild femoral head and neck marrow edema. Moderate femoral head neck junction osteophytes. Degenerative near circumferential labral tear. Mild hip joint effusion. 1.4 cm osseous body in the inferior joint space. Mild femoral attachment ligamentum teres degeneration.

Right hip: Mild anterosuperior femoral chondral thinning. Small femoral head neck junction osteophyte/ osseous bump with small intraosseous cystic changes anteriorly. Discrete anterosuperior labral tear. No hip joint effusion. Intact ligamentum teres.

Mild to moderate marrow edema in the left ischial tuberosity and inferior pubic ramus at the hamstring and adductor origins with mild to greater adjoining soft tissue and intramuscular edema in the left adductor muscles. Mild edema along the left proximal iliotibial band origin with mild iliac crest edema. Glutei, iliopsoas, short external rotators are intact.

Fat planes around the obturator, sciatic and femoral nerves are maintained.

Partial fusion of bilateral sacroiliac joints with subchondral fatty marrow changes. No overt sacroiliac joint marrow edema. Visualized pelvic viscera is unremarkable.



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IMPRESSION:

- Avascular necrosis of the left femoral head involving more than 50% of the femoral head articular surface with mild anterosuperior femoral head flattening, loss of femoral head sphericity and mild to greater femoral head and neck marrow oedema. Advanced left femoroacetabular osteoarthritis with mild protrusio acetabula and 1.4 cm osseous body in the inferior joint space. Mild left hip joint effusion. This is in keeping with grade IV as per the modified Ficat and Arlet classification.
- Partial fusion of bilateral sacroiliac joints with subchondral fatty marrow changes, in keeping with chronic sacroilits. Enthesitis involving the origins of the left hamstring, left adductor muscles and left proximal iliotibial band with mild to moderate ischial tuberosity, inferior pubic ramus and iliac crest marrow edema. Findings are concerning for acute on chronic inflammatory arthropathy. Co-relation with HLA B-27 is requested.
- Small right femoral head neck junction osteophyte/ osseous bump with small intraosseous cystic changes anteriorly and discrete anterosuperior labral tear. Clinical co-relation for femoroacetabular impingement is requested.

Thanks for the reference.
With regards,

Dr. Chaitali Parekh

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