



**NATIONALRad**  
SPECIALISTS IN DIAGNOSTIC IMAGING

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PATIENT: JOHN SMITH  
DOB: 5/5/1955  
FILE #: 12345  
PHYSICIAN: REFERRING  
EXAM: MRI RIGHT HIP ARTHROGRAM INCLUDING CARTIGRAM STUDY  
DATE: 1/1/2011

#### CLINICAL INFORMATION

Assess right hip and groin pain for one year. This is associated with locking and the pain is sharp in character. History of playing soccer.

#### COMPARISON

None available.

#### CONTRAST

Diluted gadolinium in saline.

#### TECHNIQUE

After intraarticular injection of diluted gadolinium in saline, axial T1 fat-sat, axial PD fat-sat, coronal T1 fat-sat, sagittal T1 fat-sat, axial oblique PD fat-sat, and coronal bilateral PD fat-sat images were obtained. This was followed by multiple acquisitions in the coronal and sagittal plane sequentially carried out with post processing and color mapping performed in order to obtain a T2 mapping cartigram study.

#### FINDINGS

**HIP JOINT/LABRUM:** Diluted gadolinium contrast was injected into the patient. There is no distinct evidence of an acetabular labral tear. There is no high-grade chondral loss or delamination along the acetabular margin. The labral morphology is maintained. The ligamentum teres shows borderline thickening. The bony anatomy does not

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reveal prominent acetabular overhang or retroversion. There is bony prominence of the anterior lateral femoral head and neck region as well as mild lack of femoral head and neck offset. This pattern could suggest, in the appropriate clinical setting, findings that may predispose to femoral acetabular impingement.

**MUSCLES AND TENDONS:** The gluteal tendons are intact. The hamstring tendon origins are intact.

**BONE MARROW:** There is no occult or stress fracture or evidence of AVN.

**SYMPHYSIS / SI JOINTS:** The bony pelvis is intact including the SI joints and symphysis pubis. With respect to the T2 mapping study, sequential coronal and sagittal images obtained with this technique along with graded color image analysis as well as corresponding graphing, do not reveal significant derangement or elevation of the T2 relaxation times that would indicate the presence of early chondral degeneration and collagen fiber breakdown in this patient at this time.

#### IMPRESSION

1. No evidence of acetabular labral tear or detachment. There is no high-grade chondral loss or delamination.
2. Mild bone alterations along the femoral head and neck region including bony prominence of the anterolateral femoral head and neck region as well as lack of femoral head and neck offset which could predispose, in the correct clinical setting, to changes of femoroacetabular impingement.
3. No evidence of abnormal elevation of the T2 relaxation times on the T2 mapping study to indicate early chondral degeneration and collagen fiber breakdown as discussed above.
4. Note that the patient had a Ropivacaine pain test carried out; 3 cc of Ropivacaine 0.2% were injected. The patient's pain level was 6/10 prior to injection. There is only minimal diminishment of pain after Ropivacaine injection indicating lack of response to intraarticular Ropivacaine.
5. Note that the alpha angle in this patient is mildly elevated at 61 degrees. The lateral center edge angle of Wiberg is 26 degrees which is within the range of normal.

[NationalRad Musculoskeletal Radiologist]  
Board Certified Radiologist

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