NAME: XXXXXXX
DOB: XX/XX/1950
REFERRING: XXXXXXX

MRN: XXXX
Exam Date: 02/25/2012

PROCEDURE: **MRI OF THE RIGHT HIP WITHOUT CONTRAST.**

HISTORY: Localized right hip pain for last three weeks. No injury or surgery.

COMPARISON: None.

TECHNIQUE: Multi-sequence/multiplanar MRI of the right hip was obtained without intravenous contrast.

FINDINGS: There is an area of low T2-weighted and T1-weighted signal in the posterior aspect of the femur measuring approximately 4 mm. In addition, there is intense surrounding reactive marrow edema. Diagnostic considerations would include an osteoid osteoma or early avascular necrosis. Further examination with CT of the hip is recommended. The area of low T2-weighted signal may represent the nidus. There is no fracture or dislocation. There is minimal synovitis in the hip. There is no osteochondral lesion or intra-articular body. There is a small bone island in the anterior aspect of the right femoral head.

There is no subluxation or dislocation of the right hip. There is no evidence of a labral tear or paralabral cyst.

The lower lumbar spine, bilateral sacroiliac joints, symphysis pubis and left hip are unremarkable.

The muscles are normal in signal intensity. There is no evidence of muscle strain or muscle atrophy. There is no iliopsoas of trochanteric bursitis.

There is no lymph adenopathy. The visualized pelvic organs are normal.

CONCLUSION:

1. **There is a 4 mm x 4 mm low T1 and low T2-weighted signal abnormality within the subchondral portion of the posterior femoral head with intense surrounding reactive bone marrow edema and minimal synovitis. The findings are suspicious for an osteoid osteoma. CT of the hip without contrast is recommended for further evaluation. Coronal and sagittal reformation would also be useful.**

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2. No evidence of fracture, dislocation or labral tear.

Dictated and Electronically Signed by XXXXXXX, M.D.
Date signed: 02/27/2012

JOB#: 40004244
SF: med: ds
DD: 02/26/2012
DT: 02/27/2012

SEPPI: 40179_0_249_154_MRI OF THE RIGHT HIP WITHOUT CONTRAST