SOUTH EAST
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Request Number:
202510000241
MRN: K502942

Referred by:Casey COOK

Date of Examination: 9/01/2025
Date of Report: 16/01/2025
Location: Bega

MRI LUMBAR SPINE, MRI RIGHT HIP

Clinical Details: Ongoing right gluteal pain with referral into posterior thigh. Clear stress fracture. SIJ.? Gluteal tendons.

Technique: Routine multiplanar, multisequence non-contrast MRI.

Findings:
Lumbar spine:
5 fully formed vertebra are present.
7 mm, grade 1 anterolisthesis L4 on L5 secondary to advanced bilateral facet joint OA.
Vertebral body height maintained.
Multilevel disc desiccation with loss of intervertebral disc height most pronounced L4/5 compatible with disc degeneration.
Lower lumbar facet joint OA, multilevel relatively advanced. This appears slightly more oedematous right L5/S1.
Conus medullaris terminates L2 superior plate. Right renal cyst.
Sacroiliac joints appear preserved.

L3/L4: Negligible posterior disc protrusion with small left foraminal annular fissure. Moderate to advanced bilateral facet joint OA. Canal and foramen preserved.

L4/5: Circumferential disc bulge with grade 1 anterolisthesis secondary to advanced bilateral facet joint OA. Mild narrowing of canal. Mild narrowing of subarticular recesses without clear compression of the traversing L5 nerve root. Mild narrowing both foramen.

L5/S1: No posterior disc herniation, canal or foraminal stenosis. Advanced bilateral facet joint OA.

Right hip:
Moderate to advanced right hip joint chondral degeneration/OA with fairly diffuse full-thickness chondral loss across the superior aspect of the joint with patchy regions of subchondral fibrocystic change/marrow oedema.
Fraying/tearing of the anterosuperior acetabular labrum with small ossicle.
Small to moderate hip joint effusion with synovial perforation and generalised capsular oedema.

Rectus femoris origin and iliopsoas tendon insertion preserved.
The insertional gluteus minimus tendon attenuated at the insertion with enthesopathy supportive of remote partial-thickness tearing is tendinopathy.
The gluteus medius tendon is intact. Low-grade to anterior bursal oedema.

Suggestion of mild fraying at the superior left acetabular labrum. Mild degenerative change pubic symphysis. No pelvic mass evident.

No evidence of bone stress.

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Conclusion:
1. Moderate to advanced right hip joint chondral degeneration/OA with extensive full-thickness chondral loss and scattered regions of subchondral fibrocystic change/marrow oedema. Small to moderate hip joint effusion with low-grade synovial proliferation..

2. Right gluteus minimus tendon is attenuated at the insertion presumably relating to remote tearing with mild hepatic spurring.

3. Multilevel degenerative disc disease throughout the lumbar spine with advanced lower lumbar facet joint OA, with associated grade 1 anterolisthesis L4 on L5. No convincing high-grade neural impingement.

Dr. David Kennedy