

**VISION RADIOLOGY SHEPPARTON**

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Normal femoral head coverage. Normal acetabular anteversion. Femoral head contours are normal. No features of avascular necrosis. No subchondral or femoral neck fracture.

Ligamentum teres is intact. Small hip joint effusion. There is a region of full-thickness chondral loss with subchondral cystic change at the posterior lateral aspect of the femoral head over a region measuring 13 x 11mm. This corresponds with a prominent acetabular osteophyte. A further acetabular marginal osteophyte formation anterosuperiorly where the labrum is frayed and irregular. No discrete labral tear or paralabral cyst.

The origin of rectus femoris is intact. Normal appearance of the iliopsoas tendon and bursa.

The gluteus minimus and anterior fibres of gluteus medius are markedly thickened and disorganized with high-grade delaminating tearing and only a few intact fibres remaining in continuity. There is significant retraction of the majority of the gluteus minimus fibres for up to 18mm. Early atrophy of gluteus minimus muscle belly. Small volume of fluid within the trochanteric bursa.

Mild peritendinous oedema of the conjoint and semimembranosus tendon. No oedema at the ischial tuberosity. Normal ischiofemoral space.

The pubic symphysis and adductor origins appear unremarkable.

**COMMENT:**

Small areas of full-thickness chondral loss at the posterolateral margin of the femoral head with some adjacent marginal acetabular spurring.

Small hip joint effusion.

High-grade insertional delaminating tears of both gluteus minimus and the anterior fibres of gluteus medius with significant retraction of the gluteus minimus fibres. Small volume of fluid within the trochanteric bursa.

Minor hamstring origin tendinosis.

Thank you for referring this patient.

Kind Regards,

Electronically Signed by:

Dr David Serich

Consultant Radiologist

MBBS FRANZCR

Patient ID Number: K280948

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