HOSPITAL FOR
SPECIAL SURGERY

535 East 70th Street
New York, N.Y. 10021

DEPARTMENT
OF
RADIOLOGY
AND
IMAGING

Patient Name [redacted]

Location
DIS

Ordering Physician
STEVENSON,KATIE
Adm/Reg Physician
STEVENSON,KATIE
Consulting Physician
STEVENSON,KATIE

Medical Record # [redacted] Date of Birth [redacted] Age [redacted]

Check-in Date: 04/18/12 1329

Checkin-Exam Code Summary
[redacted]

There is mild hamstring tendinosis without tear. There is no ischial bursitis. There is linear scar noted at the anteromedial border of the right ischial tuberosity, seen on series 5 image 24, potentially affecting perineal nerves as well as inferior clunial nerves.

There is an intact fat plane around the obturator nerves medial to the obturator internus muscles, extending into the canal and into the proximal adductor muscles bilaterally. The sciatic nerves lie anterior to the piriformis muscle and do not pierce the piriformis muscle.

There is no synovitis of the hip joints. Intraosseous ganglion cysts are seen in the anterolateral margin of the neck-head junctions bilaterally, which may be implicated in femoroacetabular impingement. There is abductor tendinosis without tear. There is thickening of the greater trochanteric bursae. Nonaggressive cartilaginous lesion is seen in the intertrochanteric aspect of the left femur. Disc degeneration is noted in the lower lumbar spine. There is no pelvic adenopathy. Degenerative changes of the sacroiliac joints are noted, left greater than right.

The uterus is anteflexed. Fat extends in the inguinal canals bilaterally. There are degenerative changes of the pubic symphysis. Anteriorly, there is no scar formation appreciated around the genital branches of the genitofemoral nerves or the vicinity of the ilioinguinal nerves. There are no conspicuous pelvic floor varices.

Impression:

MRI of the pelvis demonstrates fairly symmetric thickening of the

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sacrospinous ligaments as well as the left sacrotuberous ligament and further scarring in Alcock's canal, more prominent on the left than the right but present bilaterally, affecting the superficial transverse perineal muscle. These findings may be implicated in scar around the inferior perineal branches of the pudendal distribution. There is further scar formation identified just anteromedial to the inferior margin of the right ischial tuberosity, close to both inferior perineal branches as well as clunial branches of the pudendal nerve. There are no conspicuous varicosities. The coccyx is not deviated and there is no presacral or precoccygeal soft tissue mass.

ICD-9 Code 353.1

Dictated By- HOLLIS POTTER M.D.
Personally Viewed- HOLLIS POTTER M.D.
Agreed with- HOLLIS POTTER M.D.
Released Date Time- 04/18/12 1753

STEVENSON,KATIE FINAL FINAL
725 AMERICAN AVENUE

[redacted]

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Chk-in #	Order	Exam	
[redacted]	0001	0522	MRI PELVIS

Ord Diag: 719.45-JOINT PAIN-PELVIS

MRI of the pelvis

MRI of the pelvis was performed utilizing coronal and oblique axial inversion recovery followed by coronal, sagittal and axial oblique axial fast spin echo techniques. Clinical concern is pudendal neuralgia. The patient reports perianal discomfort both on the right and the left, ischium tuberosity dysesthesias medial to the ischium, right and left vulvar discomfort and vaginal discomfort. The patient denies clitoral discomfort. The patient is status post childbirth x two.

There is no presacral or precoccygeal soft tissue mass. The coccyx is noted at midline. The coccygeus muscle appears symmetric. There is, however, marked thickening of both sacrospinous ligaments, as noted on series 5 image 50, with scar surrounding the sacrotuberous ligaments, more prominent on the left than the right, as noted on series 5 image 44. The thickened ligaments directly impinge on the fat planes of the pudendal nerve. The bulbospongiosus and ischiocavernosus muscles appear symmetric. There is mild scar formation is noted on series 7 image 21 and series 5 image 29, affecting the anterolateral right aspect of the perivulvar soft tissues, extending to the superior margin of the right superior transverse perineal muscle. There is further scar tracking to the left lateral margin of Alcock's canal, as noted on series 5 image 33. These findings are to be implicated in potential scar surrounding inferior perineal branches of the pudendal distribution. The branches to the anus appear unremarkable and the levator ani muscle appears symmetric.

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