



<b>Patient Name</b>	SANDERS, PETER	<b>Accession</b>	12429183Z1
<b>Patient D.O.B.</b>	12/08/1951	<b>Description</b>	MRI RIGHT SHOULDER
<b>Patient ID</b>	SKG92939	<b>Study Date/Time</b>	07/08/2025 18:27
<b>Referring Physician</b>	WANG, ALLAN	<b>Modality</b>	MR,PR

MRI RIGHT SHOULDER

Clinical History: Pain, previous cuff reconstruction 2009? Re-tear? OA?  
Adhesive capsulitis.

Findings: Correlation with radiograph of 2022 and ultrasound 2015.

There is advanced OA of the glenohumeral joint with attenuated joint space (bone-on-bone). There are large osteophytes of the joint margins. Moderate subarticular stress response of the glenoid.

There is small effusion with moderate-to-marked debris/synovitis and multiple loose bodies within the joint recesses (40 mm diameter loose body within the subcoracoid recess). There may be small volume ganglion cyst about the anterior aspect of the glenohumeral joint, wrapping around the joint capsule. Trace of fluid tracking distally, suggestive of leaking cyst.

Macerated/almost detached labrum across the glenoid margin.

Moderately attenuated insertional supraspinatus tendon. Anchors in-situ about the attachment.  
No measurable tear.

There is moderate infraspinatus tendinosis with low-grade interstitial tear of the attachment.

Mildly attenuated subscapularis tendon, no discrete tear. Rotator cuff muscle bellies are intact.

There is mild intra-articular long head biceps tendinosis.

There is moderate degenerative change of the ACJ. Mild cortical irregularity of the undersurface of the acromion. Small effusion within the subacromial bursa.

Comment:

Advanced OA of the glenohumeral joint (bone-on-bone). Stress response of the acetabulum. Small joint effusion with moderate-to-marked synovitis and multiple loose bodies.



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Mild-to-moderately attenuated supraspinatus > subscapularis tendons, and moderate infraspinatus tendinosis. Intact muscle bellies. Moderate degenerative change of the ACJ + mild subacromion bursitis.

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