ep-2025 04:30 To: 61879815698 p.1



I-MED REGIONAL PTY LTD DARWIN REGIONAL IMAGING DARWIN PRIVATE HOSPITAL **ROCKLANDS DVE** TIWI 810

Phone: 1300990474 Fax: 0889289811

Natasha McKean 2 MCGOWAN PL

Date of Birth: 15 June 1977

Patient ID: BIG147X

Patient:

MRN:

GUNN 0832

Referred By:

Dr Douglas Hardcastle DARWIN SPORTS INJURIES & BACK **ROCKLANDS DRIVE** TIWI 0810

Reference: 17793835

Ext Ref:

Service Date: 31 August 2025

Copies: None

MRI LEFT SHOULDER: 31 August 2025

MRI LEFT SHOULDER

HISTORY: Subacromial bursitis.

Previous history of ACJ excision. Congenitally absent biceps. Previous cuff repair.

REPORT:

ACJ; excised. Distal clavicle unremarkable. Tissue space between acromion and distal clavicle unremarkable.

SAS D bursitis.

Bursal surface supraspinatous tendon is irregular. Supraspinatous tendon is thin and atretic. Tendinosis with high signal intensity and fluid in tendon. Articular surface tendon is irregular and thin. Supraspinatous muscle normal.

Infraspinatus muscle normal. Infraspinatus tendon normal.

Subscapularis muscle normal. Subscapularis tendon normal. Transverse humeral ligament not identified.

Mitek anchor in bicipital grove. More distally? Thin normal biceps tendon.

Intra-articular biceps tendon absent. Superior labrum medially pointing fluid-filled recess. Tear not seen. Anterosuperior labrum probable small tear. Sub sub image quality. Posteriorly bone normal. Glenoid cartilage and bone signal normal.

Humeral head at least 2 anchors in supraspinatous tendon at greater tuberosity.

Suprascapular and spinoglenoid notches normal.

Disuse osteopenia of the humeral head.

CONCLUSION:

Status post supraspinatous tendon repair. Thin and atretic tendon with incomplete tear within it.

Bursitis

ACJ excision

Biceps tenodesis

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Natasha McKean DOB: 15 June 1977 Patient ID: BIG147X

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IAIN STEWART Radiologist

Verified by: IAIN STEWART

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