RIGHT SHOULDER MRI

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Clinical history: Pain and reduction in strength. Previous ORIF.

Technique: MRI assessment of the right shoulder has been performed utilising
axial PD, PD FS, oblique coronal PD, PD FS, oblique sagittal PD FS, coronal
PD and STIR sequences on the 1.5 Tesla GE MRI unit.

Findings: Intramedullary fixation of humerus is noted and there is associated magnetic susceptibility artefact. Accounting for this, there is a
small volume of fluid in the subacromial/subdeltoid bursa reflecting bursitis.

Assessment of the rotator cuff shows an intact teres minor tendon. Infraspinatus does show articular fraying and low-grade enthesopathic cysts.
Supraspinatus is intact. No tear is noted. The most anterior fibres are not
clearly delineated given the susceptibility artefact. No denervation or atrophy is seen. There is no deltoid dehiscence. AC joint is intact.

Long head of biceps is normally located with an intact bicipital anchor. Subscapularis is normal.

Assessment of the labrum and capsule demonstrates a small intermediate
signal cleft in the anterior labrum at the level of the equator indicating a small tear. Superior labrum and posterior labrum are intact.

The capsule is mildly hyperintense and there is altered signal in the rotator interval suggesting capsulitis. Glenohumeral articular surface is maintained. There is no stress remodelling.

CONCLUSION: MRI of the right shoulder degraded by susceptibility artefact
from the humeral internal fixation demonstrates:
Mild subacromial/subdeltoid bursitis.

Articular fraying and tendinopathy of infraspinatus without tear.
Undisplaced anterior mid labral tear.
Early changes of adhesive capsulitis.

Kind regards,
[Image "cropped TD signature II 10%"]
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Disclaimer : *All reports are to be interpreted with your referring doctor, in consultation with the imaging specialist.*

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