

Patient Name	: Ms.MITHLESH VERMA	Visit No	: CHA250041594
Age/Gender	: 42 Y/F	Registration ON	: 08/Mar/2025 09: 25AM
Lab No	: 10138889	Sample Collected ON	: 08/Mar/2025 09: 25AM
Referred By	: Dr.JAVED AHMAD**	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 08/Mar/2025 06:58PM

MRI: LEFT SHOULDER JOINT

IMAGING SEQUENCES (NCMR)

AXIAL: T1 & TSE T2 Wis. **CORONAL:** T1 & TIRM Wis. **SAGITTAL:** TSE T1 Wis.

Moderate size well defined mildly expansile intramedullary cystic lesion measuring approx. 46 (vertical) x 27 (A.P) x 37mm (Trans) is seen involving left proximal humeral metadiaphysis. The lesion is hypointense on T1 W images and hyperintense on T2 W/PD images. The lesion is causing thinning of overlying cortex, however no cortical destruction or associated soft tissue component is seen. The lesion is showing narrow zone of transition. No surrounding bone marrow edema, pathological fracture or periosteal reaction is seen. Superiorly the lesion is extending upto humeral neck.

Distal supraspinatus tendon is mildly thickened and shows T2/PD hyperintensity. No obvious irregularity or retraction of the tendon is seen.

Mild PD hyperintensity & thickening is seen in rotator cuff interval.

Mild gleno-humeral joint effusion is noted with mild fluid distention of subscapularis bursa.

Bony alignment is normal at shoulder joint with normal glenohumeral and acromioclavicular articulations. Articular cartilages and glenoid labrum are normal. No evidence of any dislocation noted.

Rest of the visualized bones are showing normal outline and MR morphology with normal signal intensity pattern. No evidence of any bony injury noted.

Signal intensity and morphology of rest of rotator cuff appears normal. Rest of the periarticular muscles and ligaments are showing normal MR morphology, no evidence of any tear noted. intermuscular fat planes are normal.

Neurovascular bundle is normal.



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IMPRESSION

- **Moderate size well defined mildly expansile intramedullary cystic lesion involving left proximal humeral metadiaphysis as described – benign etiology (? simple bone cyst).**
- **Mildly thickened and T2/PD hyperintensity in distal supraspinatus tendon– tendinosis.**
- **Mild PD hyperintensity & thickening in rotator cuff interval. - ? adhesive capsulitis.**
- **Mild gleno-humeral joint effusion with mild fluid distention of subscapularis bursa.**

Please correlate clinically.

Typed by Ranjeet

**DR. RAVENDRA SINGH
MD**

*** End Of Report ***

CHARAK

