

Patient Name : Mr.DINESH KANT OJHA Visit No : CHA250043628
Age/Gender : 66 Y/M Registration ON : 11/Mar/2025 10:14AM
Lab No : 10140923 Sample Collected ON : 11/Mar/2025 10:14AM
Referred By : Dr.NARESH KUMAR Sample Received ON :
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 11/Mar/2025 01:42PM

MRI: RIGHT SHOULDER JOINT

IMAGING SEQUENCES (NCMR)

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

Mild glenohumeral joint effusion is seen with mild fluid distension of subscapularis bursa and long head of biceps tendon sheath.

PD hyperintensity and thickening is seen in rotator cuff interval.

T2/PD hyperintensity and irregularity of posterosuperior part of glenoid labrum is noted (extending from 10 to 12 O'clock position) with involvement of long head of biceps tendon.

Few small subchondral cystic changes are seen in posterosuperior part of bony glenoid, largest measuring approx. 8 x 5mm.

Acromioclavicular joint shows mild degenerative changes.

Bony alignment is normal at shoulder joint with normal glenohumeral and acromioclavicular articulations. Articular cartilages and rest of the 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.

Signal intensity and morphology of rest of the rotator cuff appears normal. Periarticular muscles and ligaments are showing normal MR morphology. Intermuscular fat planes are normal.

Neurovascular bundle is normal.

IMPRESSION:

- **Mild glenohumeral joint effusion with mild fluid distension of subscapularis bursa and long head of biceps tendon sheath.**
- **PD hyperintensity and thickening in rotator cuff interval — adhesive capsulitis.**
- **T2/PD hyperintensity and irregularity of posterosuperior part of glenoid labrum with involvement of long head of biceps tendon —? SLAP tear.**
- **Few small subchondral cystic changes in posterosuperior part of bony glenoid — degenerative changes.**
- **Acromioclavicular joint osteoarthritis.**

Please correlate clinically.

DR. RAVENDRA SINGH
MD

Transcribed by R R...



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*** End Of Report ***

