

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name Age/Gender

: Mr.SHIV RAM MEENA

: 47 Y/M

Lab No

: 10142896

Referred By Refer Lab/Hosp : Dr.RDSO LUCKNOW

: RDSO LUCKNOW

Visit No : CHA250045601

Registration ON : 15/Mar/2025 09:05AM Sample Collected ON : 15/Mar/2025 09:05AM

Sample Received ON

Report Generated ON : 15/Mar/2025 06:13PM

## MRI: LEFT SHOULDER JOINT

**IMAGING SEQUENCES (NCMR)** 

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

Motion artifacts are seen.

Partial thickness articular sided tear of anterior part of distal supraspinatus tendon is noted at footprint region (approx 1/3<sup>rd</sup> thickness of the tendon is involved, width of tear approx 7mm). Rest of tendon shows mild intrasubstance T2/PD hyperintensity. Subtle bone marrow edema is seen in underlying greater tuberosity of humerus. No retraction of the tendon is seen.

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

Minimal gleno-humeral joint effusion is noted with minimal fluid distention of long head of biceps tendon sheath.

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.

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

## Neurovascular bundle is normal.

## **IMPRESSION**

- Partial thickness, partial width articular sided tear of anterior part of distal supraspinatus tendon at footprint region with subtle bone marrow edema in underlying greater tuberosity of humerus.
- Mild PD hyperintensity & thickening in rotator cuff interval -? adhesive capsulitis.
- Minimal gleno-humeral joint effusion with minimal fluid distention of long head of biceps tendon sheath.

Please correlate clinically.

DR. RAVENDRA SINGH

Typed by Ranjeet





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