



<b>PATIENT'S NAME: MOHIT GIRHOTRA</b>	<b>AGE/SEX: 36 YRS/ MALE</b>
<b>REF. BY SELF</b>	<b>M24Z10-0023413</b>
<b>EXAM. DATE: 10-02-2024</b>	

**MRI RIGHT SHOULDER**

MR Imaging of right shoulder was performed on a 3.0 Tesla scanner using a dedicated 8-channel phase array shoulder coil and SE sequences. Following studies were obtained:-

- o STIR (fat suppressed) oblique coronal
- o SE/PD T2 weighted oblique coronal
- o SE T1, T2 weighted oblique sagittal
- o SE PD axial fat sat

**Findings:**

**Irregularity is seen in the bony cortex of the posterosuperior aspect of the humeral head without any evidence of marrow edema in present scan.**

**Bony anchors are seen in the inferior aspect of the glenoid – post- procedural change.**

**Signal alteration seen in the entire anterior glenoid labrum (? Post- procedural).**

**Minimal fluid is seen in glenohumeral joint and in subcoracoid bursa region.** Otherwise the articular margins of the glenohumeral joint are normal. Articular cartilage over the glenohumeral joint is preserved.

**A tiny focus of blooming is seen near the antero-inferior aspect of the bony glenoid ? Enthesopathic change.**

Normal morphology and signal intensity of supraspinatus, infraspinatus, subscapularis and teres minor tendons. There is no muscle atrophy.

The acromio-clavicular joint is unremarkable. The acromion process is of type II configuration. The coraco-acromial ligament is maintained.

The long head of the biceps is maintained in anatomic location.

Rest of the osseous elements are normal in architecture and signal intensity.

**Please correlate clinically.**

<b>DR ASHISH SHUKLA</b>
<b>CONSULTANT RADIOLOGIST</b>
<b>MD RADIODIAGNOSIS</b>
<b>DMC –R/ 9645</b>

Not valid for medico-legal purpose

*This is only radiological professional opinion and not a final diagnosis, X-ray, USG, CT/ MRI also has its limitations. Therefore, X-ray, USG, CT/ MRI report should be interpreted in correlation with clinical and pathological findings.*