

MRI LEFT SHOULDER

STUDY PROTOCOL:

SPIN ECHO T1 W AND FAST SPIN ECHO T2 W CORONAL IMAGES OF SHOULDER JOINT WERE OBTAINED ON DEDICATED PHASED ARRAY JOINT COIL AND CORRELATED WITH STIR AXIAL IMAGES. ADDITIONAL STIR CORONAL AND T2W AXIAL IMAGES WERE ALSO OBTAINED.

FINDINGS:



There is subtle ill defined marrow edema with overlying cortical breach and minimal irregularity in the region of greater tuberosity.

There is a mild signal alteration (hyperintense on T2/STIR images) in the supraspinatus tendon along the articular surface especially distal aspect of near its insertion into greater tuberosity. Ill defined minimal signal alteration is seen subscapularis tendon and subscapularis muscles near musculo-tendinous muscle.

Small amount of fluid is noted in subcoracoid bursa. The subacromial-subdeltoid bursa reveals minimal T2 hyperintensity/fluid.

Acromion shows flat undersurface with minimal inferolateral tilt and slight impingement upon underlying supraspinatus tendon with focal effacement of intervening fat pad.

The coracoid and acromion processes and the lateral end of the right clavicle appear normal with normal marrow signal intensity.

Glenohumeral joint space appears normal. Minimal increase in joint fluid is seen. Articular margins appear smooth.

Glenoid labrum grossly appears normal in its attachment.

Rest of the rotator cuff tendons. Muscles and periarticular soft tissues are normal.

IMPRESSION: Clinical history of old trauma,

MRI shoulder joint reveals is subtle ill defined marrow edema with overlying cortical breach and minimal irregularity in the region of greater tuberosity (? Old avulsion fracture/ contusion).

Subtle signal alteration in the supraspinatus tendon (tendinosis/partial tear) with minimal signal changes in subscapularis tendon as described, likely post traumatic sequelae.

Please correlate with clinical details and plain radiographs/ NCCT.