

Patient Name: Sagheer Rafeed Huzaim Almutairi  
Medical Number : 98614776  
Gender: Male  
Age: 72 y

Accession #: SIH-61293  
Date of Exam: 17-Jun-2023 09:12 PM  
Ordering Physician: Medhat Khairy  
EXAM DESCRIPTION: MRI SHOULDER JOINT (R/L)

## MR STUDY OF THE RIGHT SHOULDER

### INDICATION:

- Limited ROM due to pain

### TECHNIQUE:

- Multi-planar, multi-sequence images through the shoulder have been performed.

### FINDINGS:

- The imaged bony architecture appears normal in signal intensity and position except for degenerative changes at the A.C. joint are seen. As well, a lateral downsloping of type II acromion is noted. The combination, in turn, is indenting the supraspinatus tendon.
- At the indentation site, a rim of fluid is seen at the SA/SD bursa. In addition, hyperintensity is running through its slightly disrupted anterior fibers, probably reflecting supraspinatus tendinitis while partial tear can't be R/O.
- Subscapularis tendinitis / partial tear is noted.
- The infraspinatus and teres minor tendons appear unremarkable.
- The glenoid labrum and the spinoglenoid notch appear normal.
- Some fluid is surrounding its intact fibers, near its groove, probably representing tenosynovitis / peri-tendinitis of the long head of biceps (LHB) tendon.
- There is evidence of some joint effusion with evidence of a collection at the subcoracoid bursa, probably related to the effusion while bursitis can't be R/O.

### IMPRESSION:

- O.A. changes at A.C. joint & lateral acromial downsloping --> supraspinatus tendinitis / partial tear.
- Subscapularis tendinitis / partial tear.
- LHB tenosynovitis / peri-tendinitis.
- Joint effusion with possible subcoracoid bursitis.

Kind regards,

Ali Y. T. Alturkmani  
Consultant Radiologist  
17-Jun-2023 09:58 PM

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Patient Name: Sagheer Rafeed Huzaim Almutairi  
Medical Number: 98614776  
Gender: Male  
Age: 72 y

Accession #: SIH-61292  
Date of Exam: 17-Jun-2023 08:52 PM  
Ordering Physician: Medhat Khairy  
EXAM DESCRIPTION: MRI CERVICAL

#### MRI Study of the C. SPINE

##### INDICATION:

- Neck pain with brachialgia F.I.

##### TECHNIQUE:

- Sagittal T1 / T2 WI & STIR images followed by Axial T2 WI have been performed.

##### FINDINGS:

- The craniocervical junction is normal.
- The bone marrow signal intensity of the imaged vertebrae is within normal except for few scattered hemangiomatous and multi-level end-plate degenerative changes.
- Signal intensity of the imaged part of spinal cord is normal.
- Axial acquisition through C2-C3 level revealed a subtle central discophytosis associated with bilateral subtle facet degeneration. But there is no compromise effect upon the cord or the nerve roots.
- At C3-C4 level, a minimal asymmetrical diffuse discophytosis, more towards the left, is mildly abutting the right side of the cord. This is associated with bilateral minimal facet degeneration. The combination, in turn, is mildly narrowing both neural foramina with possible mild indentation effect upon both nerve roots, more on the left.
- At C4-C5 level, a minimal diffuse discophytosis is mildly abutting the cord. This is associated with bilateral minimal facet degeneration. The combination, in turn, is mildly narrowing both neural foramina with possible mild indentation effect upon both nerve roots.
- At C5-C6 level, an asymmetrical diffuse discophytosis, more towards the right, is abutting the cord, more on the right. This is associated with bilateral minimal facet degeneration. The combination, in turn, is narrowing both neural foramina with possible indentation effect upon both nerve roots, more on the right.
- At C6-C7 level, a minimal diffuse discophytosis is associated with bilateral minimal facet degeneration, more on the left. The combination, in turn, is mildly narrowing both neural foramina with possible mild indentation effect upon both nerve roots, more on the left.
- At C7-D1 level, a subtle diffuse discophytosis is associated with bilateral minimal facet degeneration. But there is no compromise effect upon the cord or the nerve roots.

##### IMPRESSION:

- Multi-level discophytoses & facet degeneration, as mentioned above.
- For clinical correlation.

Kind regards,

Ali Y. T. Alturkmani

Consultant Radiologist

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Patient Name: Sagheer Rafed Huzaim Almutairi  
Medical Number : 98614776  
Gender: Male  
Age: 72 y

Accession #: SIH-61294  
Date of Exam: 17-Jun-2023 09:36 PM  
Ordering Physician: Medhat Khairy  
EXAM DESCRIPTION: MRI ADDITIONAL VIEW

#### MR STUDY OF THE LEFT SHOULDER

##### INDICATION:

- Limited ROM due to pain

##### TECHNIQUE:

- Multi-planar, multi-sequence images through the shoulder have been performed.

##### FINDINGS:

- The imaged bony architecture appears normal in signal intensity and position except for degenerative changes at the A.C. joint are seen. As well, a lateral downsloping of type II acromion is noted. The combination, in turn, is indenting the supraspinatus tendon.
- At the indentation site, a rim of fluid is seen at the SA/SD bursa. In addition, hyperintensity is running through its slightly disrupted anterior fibers, probably reflecting supraspinatus tendinitis while partial tear can't be R/O.
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- The glenoid labrum and the spinoglenoid notch appear normal.
- Some fluid is surrounding its intact fibers, near its groove, probably representing tenosynovitis / peri-tendinosis of the long head of biceps (LHB) tendon.
- There is evidence of some joint effusion with evidence of a collection at the subcoracoid bursa, probably related to the effusion while bursitis can't be R/O.

##### IMPRESSION:

- O.A. changes at A.C. joint & lateral acromial downsloping --> supraspinatus tendinitis / partial tear.
- Subscapularis tendinitis / partial tear.
- LHB tenosynovitis / peri-tendinosis.
- Joint effusion with possible subcoracoid bursitis.

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