GIC PRIME IMAGING CENTRE LLP

NAME: PARTH DARJI M/22YRS. DATE: 03/02/2026

REF.BY: DR. KEYUR BUCH

Clinical profile: C/o right shoulder pain and clicking sound on rotation.
For evaluation.

3.0 T MRI OF RIGHT SHOULDER:

MR imaging of the right shoulder was performed using spin-echo and gradient-echo [GRASS] pulse sequences and high resolution 3.0mm T1-and T2 weighted serials sections were obtained in the sagittal and coronal planes using a dedicated quadrature extremity coil on a 3.0 Tesla scanner.

Acromioclavicular joint region: There is a Type II acromion present. There is no evidence for AC joint separation. There are no evident degenerative changes present at the AC joint region. Specifically, no evidence for subacromial or subclavicular osteophytes and no enthesopathic proliferation on the inferior surface of the acromion are present.

Acromiohumeral and coracohumeral space: The acromiohumeral space is normal. The subacromial/subdeltoid bursa is neither fluid-filled nor inflamed to suggest the possibility of subacromial-subdeltoid bursitis.
The coracohumeral distance is normal and there is no mechanical deformation seen on the subscapularis muscle.

Rotator cuff muscles: Mild conjoined tendinosis seen; no evident tear.
Rest of the muscles and tendons of the rotator cuff including the supraspinatus, infraspinatus, teres minor and subscapularis are normal. There is no evidence of tendinosis or partial or full-thickness tear. There is no evidence of muscle strain or atrophy.

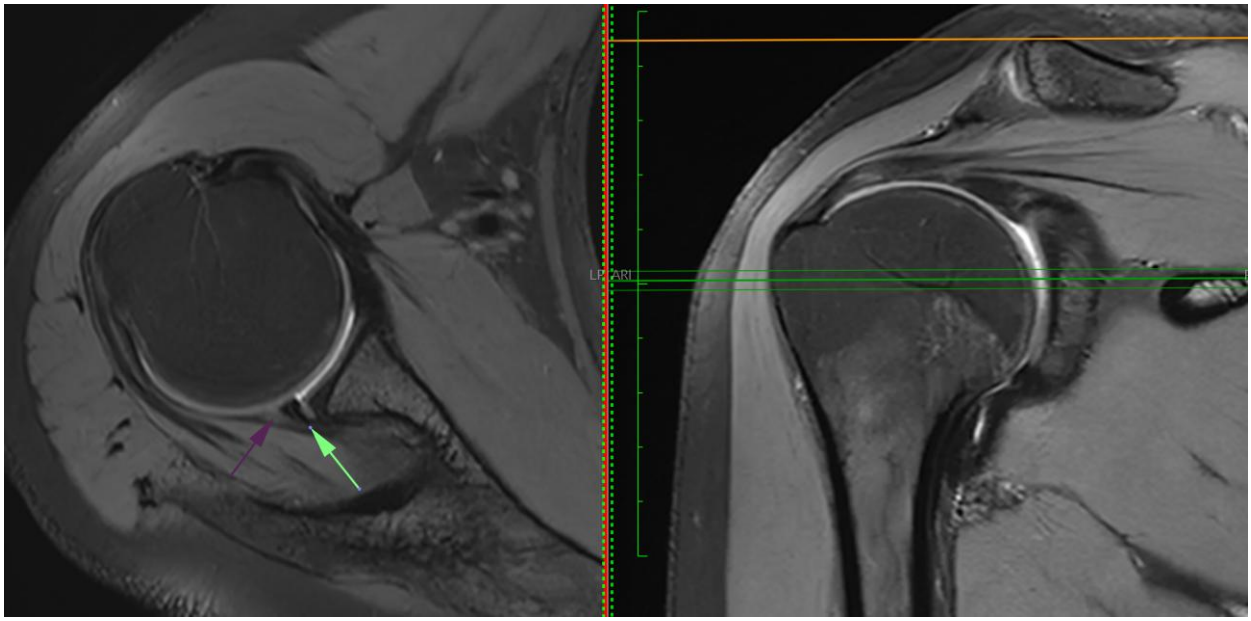
Biceps tendon: The superior portion of the labrum, biceps anchor and proximal biceps tendon are normal in position, morphology and signal. There is no abnormally increased thickness or T1 or T2 signal to suggest the possibility of biceps tendinosis or tear. The superior glenohumeral ligament and biceps pulley are normal.

Labrum: posterosuperior labral tear is seen extending form 9 to 12 o'clock position. No evident involvement of the biceps-labrum complex.

Glenohumeral joint: The articular cartilage overlying the glenoid fossa is normal. The synovium is normal. There is no glenohumeral joint effusion. There is no loose body or debris present within the glenohumeral joint.

Bone marrow: The bone marrow in the structures of the shoulder region is normal. There is no abnormally increased T2 signal to suggest the possibility of impingement, trabecular microfracture or contusion, compression fracture, avascular necrosis or other abnormality.

Outlet spaces: The suprascapular notch and quadrilateral space is normal and there is no ganglion or other mass seen to be impinging on the suprascapular nerve or the axillary nerve passing through the spaces.



IMPRESSION:-

The MR findings are:

- **Posterosuperior labral tear extending form 9 to 12 o'clock position; no evident extension into the biceps-labrum complex.**
- **Mild conjoined tendinosis; no evident tear.**

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