



### **Clinical History:**

Ongoing issues with left shoulder worsening.

### **Technique:**

Triplanar multisequence imaging of the left shoulder.

### **Findings:**

#### ***Glenohumeral Joint***

Minor posterior decentering of the humeral head relative to the glenoid.

Moderate volume of joint fluid.

Focal full-thickness chondral wear at the anterior aspect of the humeral head associated with subchondral cyst formation. Glenoid articular surfaces are relatively well preserved.

No intra-articular bodies.

### ***Labrum***

Full-thickness anterosuperior labral tear. No paralabral cyst.

### ***Rotator Cuff***

Intra-articular and extra-articular portions of long head of biceps tendon are intact and normally positioned.

Thickening of the intra-articular and proximal extra-articular portions of the long head of biceps tendon with increased signal intensity consistent with tendinosis.

Thickening and increased signal intensity in relation to the anterior mid supraspinatus tendon consistent with tendinosis

Subscapularis, infraspinatus and teres minor tendons are intact.

Normal rotator cuff muscle signal and bulk.

No abnormality of the quadrilateral space, spinoglenoid or suprascapular notches.

### ***Acromioclavicular Joint***

Alignment is anatomical. No significant undersurface spurring. Moderate degenerative changes.

No significant lateral downsloping of the acromion. Type II Bigliani configuration.

Minor subacromial/subdeltoid bursal thickening mild-to-moderate.

### **Impression:**

**Full-thickness anterosuperior labral tear without apparent labral cyst formation.**

**Tendinosis of the anterior to mid supraspinatus tendon.**

**Tendinosis of the long head of biceps tendon.**

**Moderate SASD bursal thickening.**

**Moderate glenohumeral joint effusion.**

### **Reported By: ---**

Thank you for referring this patient.

Should you have any Report queries or require Clinical Support, please email us at [info@proxraymanagement.com](mailto:info@proxraymanagement.com)