



Double Check AG
Medical checkups
Zollikerstrasse 60
8702 Zollikon

Patient:

Patient number: #####

03/25/2020 / MF /
MRI Bahnhofplatz

**MR Arthrography of the right shoulder
from 03/25/2020**

Clinic signs

The shoulder pain on the right side.
Query: Clarification

Arthrography of the shoulder

The oral and written information on the benefits and risks of the examination is provided. The written consent is given. Fluoroscopy-controlled arthrography of the shoulder was given under sterile conditions and with local anesthesia with a total volume of 8 ml (local anesthesia & contrast medium). The contrast medium distribution is normal.

Arthro-MRI of the shoulder

Shoulder joint top: Acromion type II according to the Bigliani classification. Mild arthrosis with low-grade joint-capsule hypertrophy. No significant subacromial impingement. Mild scapulohumeral periarthritis.

Rotator cuff: High-grade partial tear of the supraspinatus tendon in the posterior part with the anteroposterior expansion of 17 mm. Fine transmural component with the contrast medium reaches close to the bursa. Tendinopathy of the anterior supraspinatus tendon and the infraspinatus tendon without detection of the crack. Teres minor and subscapular tendon are within the normal limits.

Rotator interval & long biceps tendon: Regular representation course of the long biceps tendon. No biceps pulley injury. Regular rotator cuff interval.

Glenohumeral joint: The head of the humerus is centered on the glenoid. Non-dislocated base anteroinferior labrum fracture. Adjacent cartilage defect of the anteroinferior glenoid in terms of an SLAP-II [type II superior labral anterior posterior] lesion. Besides, the whole coating of labrum and cartilage. Slight cortical irregularities with discrete flattening on the postero-superior humerus head, DD degenerative [degenerative disc disease], DD with minimal Hill-Sachs lesion. No new fracture.

Periarticular soft tissues: Regular trophism and visualization of the rotator cuff muscles.

Assessment

- High-grade joint-side partial rupture of the supraspinatus tendon with a fine transmural component in the posterior part. Tendinopathy of the infraspinatus tendon with no visible crack.
- Anteroinferior, non-dislocated labrum crack with an adjacent cartilage defect of 5 mm iS of a GLAD [glenolabral articular disruption] lesion.
- Questionable minimum Hill-Sachs lesion with associated degeneration, DD in the context of tendinopathy.
- Imaging of the status post anteroinferior shoulder luxation is possible.

Best regards and thank you for the appointment,

DPharm #####, M.D.