

CHELCHOWSKI, Sharyn
11 John Schultz Court, KALBEEBA SA. 5118
Birthdate: 25/02/1967 Sex: F Medicare Number: 5019168261
Your Reference: 80.192121 Lab Reference: PA
Addressee: Dr Lara Zabidi Referred by: Dr Lara Zabidi
Name of Test: MRI CERVICAL SPINE NON REBATABLE GP, MRI SCAN
Requested: 26/06/2024 Collected: 04/07/2024 Reported: 04/07/2024
17:00
Laboratory: RadiologySA

Patient ID: 80.192121
Dr Lara Zabidi

Order: 80.2040513_1 80.2040513_2

4 July 2024
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Exam Date: 4 July 2024
CJC

Re: Ms Sharyn CHELCHOWSKI
11 John Schultz Court KALBEEBA SA 5118

DOB: 25/02/1967
Folio: 80.192121
Accession: 80.2040513

MR CERVICAL SPINE AND RIGHT SHOULDER

Clinical details: 67 year old longstanding neck pain, worsening neck stiffness, also pins and needles right shoulder to fingers assess cervical disc and rotator cuff.

Findings:

MRI Cervical Spine: Anatomical alignment. No fracture or bony lesion. Marrow signal maintained. No fracture or bony lesion. No paravertebral collection or mass.

Craniocervical junction: Mild median anterior atlantoaxial degeneration. Foramen magnum patent.

C2/3: No disc disease, neural compromise, or facet arthropathy.

C3/4 : Mild uncovertebral and facet degeneration. Mild left foraminal narrowing. Spinal canal and right neural foramen are patent.

C4/5: Mild uncovertebral and facet degeneration. Moderate left and mild right foraminal narrowing. Tiny central annular fissure. Mild canal narrowing.

C5/6: Mild discovertebral and facet degeneration. Mild disc bulge. Moderate canal narrowing. Severe right and moderate left foraminal narrowing. Flattening of the anterior cord without high T2 signal myelomalacia.

C6/7: Mild uncovertebral and facet degeneration. Diffuse disc bulge. Small central annular fissure. Severe right and moderate left foraminal stenosis. Moderate canal stenosis with flattening of the anterior cord without high T2 signal myelomalacia.

C7/T1: No disc disease, neural compromise, or facet arthropathy.

CONCLUSION:

1. Severe right C5/6 and C6/7 foraminal stenosis with compression of the exiting right C6 and C7 nerves.
2. Moderate C5/6 and C6/7 canal stenosis of the anterior cord but without high T2 signal myelomalacia.

MRI Right Shoulder: Anatomical alignment. No fracture or bony lesion. Small glenohumeral effusion. Marked synovial thickening of the axillary recess and rotator interval.

Diffuse heterogeneity and high signal change of the rotator cuff tendons with minor interstitial pairing. No retraction. Mild fluid distension of the subacromial bursa with impingement by moderate ACJ hypertrophic change.

Long head of biceps tendon is anatomically positioned within the bicipital groove, however, it exhibits signal heterogeneity with moderate tendon sheath effusion. Small loose bodies within the tendon sheath.

Mild generalised chondral loss with multifocal full thickness chondral fissuring, subchondral and marginal osteophytes. No osteochondral lesion. Generalised fraying of the labrum, without discrete labral tear or paralabral cyst.

Glenohumeral ligaments and other main supporting capsular structures are preserved. Mild generalised muscular atrophy. No muscular tear, oedema, or haematoma.

CONCLUSION:

1. Severe diffuse rotator cuff tendinosis with minor interstitial tearing.
2. Subacromial bursitis with impingement by moderate ACJ hypertrophic change.
3. Severe adhesive capsulitis. Intraarticular glenohumeral injection can be considered.
4. Severe long head of biceps tenosynovitis.
5. Mild glenohumeral osteoarthritis with chondral fissuring and labral fraying.

Thank you for referring Ms Sharyn CHELCHOWSKI.

Dr E EL-BARHOUN

Electronically signed by Dr Esber El-Barhoun at 8:05 PM Fri, 5 Jul 2024