MRI examination of the right shoulder reveals marrow signal intensity be unremarkable without evidence of acute fracture or bony contusion. The acromioclavicular joint space is diminished and slightly edematous with bony hypertrophic changes at the superior and inferior aspects of the articular margins narrowing the subacromial arch. The glenohumeral joint space is narrowed with denuding of the articular cartilage. Bony hypertrophy is present at the medial aspect of the humeral articular surface.

The supraspinatus tendon is attenuated with adjacent fluid and a focus of signal alteration at the musculotendinous junction. The inferior margin is ragged in appearance. There is an alteration of fluid and irregular margin at the distal aspect of the subscapularis tendon (Series #102, instance #13). The subscapular bursa is fluid-filled and greatly enlarged. Fluid signal is also identified within the subdeltoid/subacromial bursa. The sheath of the long head of the biceps tendon is greatly enlarged and fluid-filled, exceeding 21 mm in transverse diameter. The sheath is attenuated and its integrity is questionable, anteromedially (series #102, instance #18). The glenoid labrum appears intact, however if a glenolabral tear is clinically suspected, magnetic resonance arthrography is recommended for a more thorough evaluation. There is fluid signal within the glenohumeral joint cavity