

Report

Study Date & Time

2025-10-17 3:12 PM

RADIOLOGY REPORT

FINDINGS

FINDING

Exam Date: 10/17/2025
Location: EAST BRUNSWICK,
NJ 08816-3610

EXAM: MR RIGHT SHOULDER WITHOUT CONTRAST

CLINICAL INDICATION: Right shoulder pain. Limited range of motion.

TECHNIQUE: Magnetic resonance imaging of the right shoulder was performed without intravenous contrast.

COMPARISON: None.

FINDINGS:

Joint fluid and synovium: Moderate-sized glenohumeral joint effusion with mild synovial proliferation. Moderate acromioclavicular joint effusion.

Rotator cuff: Massive rotator cuff tendon tearing with full-thickness, full width tearing of the supraspinatus, infraspinatus and upper and mid fibers of the subscapularis tendons at the respective footprints with medial retraction of the torn fibers beyond the glenohumeral joint level.

Bursae: There is a moderate size subacromial/subdeltoid bursal fluid communicating with the glenohumeral joint through rotator cuff tendon tearing. There is communication between the subacromial/subdeltoid bursa and the acromioclavicular joint as well through a chronically torn acromioclavicular joint capsule (sagittal image 15).

Biceps tendon: Long head biceps tendon is not visualized, probably torn and retracted in the upper arm.

Labrum and ligaments: Circumferential degenerative tearing of the labrum.

Bones: There is no stress or acute traumatic fracture. There is superior translation of the humeral head with respect to glenoid with diminished humeral head-acromial interosseous interval and associated bony remodeling of the undersurface of the acromion and humeral head vertex. There is glenohumeral osteoarthritis with marginal osteophytes and suggestion of cartilage loss and thinning (coronal image 11). Acromioclavicular moderate osteoarthritis. Acromion is type II.

Muscles: There is moderate fatty infiltration of the rotator cuff muscles.

Other: No other significant findings.

IMPRESSION:

Rotator cuff cuff arthropathy characterized by chronic massive rotator cuff tearing, superior translation of the humeral head with respect to the glenoid with bony remodeling of the undersurface of the acromion and humeral head vertex, and associated glenohumeral osteoarthritis. Moderate rotator cuff muscle atrophy and infiltration.

Acromioclavicular moderate osteoarthritis.

Long head biceps tendon is probably torn.

Moderate glenohumeral and acromioclavicular joint effusion communicating with the subacromial subdeltoid bursa through massive rotator cuff tendon tear and chronically torn inferior acromioclavicular joint capsule respectively.

Thank you for the courtesy of this referral.

Electronic access to images available to referring providers online.



Medical professionals may call 732-234-7777 to speak with a radiologist.