

**Star Medical Diagnostic P.C. 2
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Rosedale, NY 11422**

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PATIENT NAME: Fernandez, Miguel
DATE OF BIRTH: 10/13/92
REFERRING PHYSICIAN: Dr. Tara Smith
DATE OF EXAM: 8/25/22

MRI OF THE RIGHT SHOULDER:

TECHNIQUE: Coronal oblique and axial images of the right shoulder were performed using spin echo and gradient pulse sequences.

CLINICAL HISTORY: Shoulder pain.

FINDINGS: There is AC joint narrowing and acromion spurring. The glenohumeral joint is intact. Impingement is noted. The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in size without evidence of atrophy or fatty infiltration. The tendons of the rotator cuff reveal tendinosis/tendonitis with intrasubstance tearing of the subscapularis, infraspinatus and supraspinatus portions of the cuff. The teres minor tendon is intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. There are erosions and/or osteochondral defects of the proximal humerus.

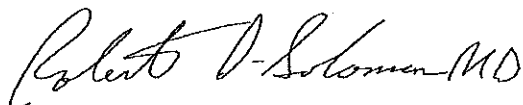
There is no subacromial/subdeltoid glenohumeral joint effusion.

There is anterior and posterior labral tearing. The biceps tendon is intact. The marrow signal is homogeneous. No fractures or subluxations are identified.

IMPRESSION:

1. Impingement.
2. Erosions and/or osteochondral defects of the proximal humerus.
3. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis, infraspinatus and supraspinatus portions of the cuff.
4. Anterior and posterior labral tearing.
5. AC narrowing and acromion spurring.
6. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

Thank you for the courtesy of this consultation.



Robert D. Solomon, M.D.
Board Certified Radiologist

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