

**American Medical Initiatives**

170-10 Cedarcroft Road, Jamaica, NY 11432
Tel: 718-206-1000 | Fax: 718-532-0633

PATIENT:	PEREZ, GAUDENCIO	EXAM DATE:	08/12/2022 5:00 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	PERG72362
DOB:	08/30/1974	REFERRING PHYSICIAN:	Islam, Mohammed Q, Md
CLINICAL HISTORY:	NF PAIN DUE TO ACCIDENT	GENDER	M

MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Pain due to accident.

TECHNIQUE: Multiplanar, multi-sequence MRI of the right shoulder was performed without intravenous contrast.

COMPARISON: None available.

FINDINGS:

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

ROTATOR CUFF:

SUPRASPINATUS: There is a partial-thickness undersurface tear of the supraspinatus tendon.

INFRASPINATUS: The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: Mild acromioclavicular joint disease with capsular thickening and small marginal osteophytes. Lateral downsloping of the acromion with subacromial spurring. These factors



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contribute to rotator cuff impingement.

BICEPS TENDON: Intact long-head of the biceps tendon.

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator interval is normal.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

1. Partial-thickness undersurface tear of the supraspinatus tendon.
2. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
3. Mild acromioclavicular joint disease contributing to rotator cuff impingement.

Digitally Signed By: Imam, Naiyer

Digitally Signed Date: 08/13/2022 7:03 AM