

**Star Medical Diagnostic P.C. 2**  
**234-28A Merrick Blvd.**  
**Rosedale, NY 11422**

**Tel: 718-213-6339 Fax: 929-433-0077**

**PATIENT NAME:** Inoa, Axel  
**DATE OF BIRTH:** 2/29/66 2/29/96  
**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 infraspinatus and supraspinatus portions of the cuff. The subscapularis and teres minor tendons are intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

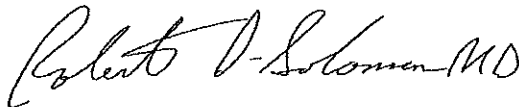
There is no subacromial/subdeltoid glenohumeral joint effusion.

The anterior and posterior labrum are partially torn. The biceps tendon is hypoplastic. The marrow signal is homogeneous. No fractures or subluxations are identified.

**IMPRESSION:**

1. Impingement.
2. The biceps tendon is hypoplastic. The anterior and posterior labrum are partially torn.
3. Tendinosis/tendonitis infraspinatus and supraspinatus portions of the cuff.
4. AC narrowing and acromion spurring.
5. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

Thank you for the courtesy of this consultation.



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

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