



3620 East Tremont Ave., Suite 104
Bronx, New York 10465

02/25/2019

DR IMELDA
CRUZ-BANTING

Patient: REYES MERINO
DOB: 03/08/1967
Medical Record: 0997 MR

RIGHT SHOULDER

MRJ OF THE RIGHT SHOULDER

History: Right shoulder pain. Status post work-related injury. Rule out internal derangement.

Comparison Study: None.

Technique: Multiplanar, multisequence images were obtained through the right shoulder.

Findings:

Rotator cuff tendons: Subscapularis, supraspinatus and infraspinatus tendonitis. Teres minor tendon is normal in morphology and signal intensity. No muscle atrophy.

Long head of biceps tendon: Longitudinal split within the bicipital groove, but also a partial tear at the labral anchor.

Glenohumeral joint fluid: Physiologic amount.

Labrum: SLAP (superior labrum anterior posterior) tear from anterior-superior labrum extending posteriorly and inferiorly.

Bones: No marrow replacement process, fracture or osteochondral injury. Benign, punctate posterolateral humeral head cyst vs. cortical erosion (2.0-3.0 mm).

Acromioclavicular joint: Moderate hypertrophic changes indent supraspinatus myotendinous junction.

Acromion process: Type II configuration, with lateral downsloping, abutting the supraspinatus tendon.

Subacromial/subdeltoid bursa: Trace fluid.

IMPRESSION:



3620 East Tremont Ave., Suite 104
Bronx, New York 10465

02/25/2019

DR IMELDA
CRUZ-BANTING

Patient: REYES MERINO
DOB: 03/08/1967
Medical Record: 0997 MR

RIGHT SHOULDER

- Right shoulder SLAP tear from anterior-superior glenoid labrum extending posteriorly and inferiorly, with longitudinal split of biceps tendon and partial tear at labral anchor.
- Subscapularis, supraspinatus and infraspinatus tendonitis.
- Moderate acromioclavicular hypertrophy and Type II acromion process, potentially causing subacromial impingement syndrome.
- Trace subacromial/subdeltoid bursitis.

Board-Certified Musculoskeletal Radiologist

LISA A. CORRENTE, MD

DT: 2/28/2019 1:39:37 PM

103
3/1/19
over pm