

New York Medical & Diagnostic Care P.C.

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PATIENT NAME: Cassetana, Lionel
DATE OF BIRTH: 3/02/78
REFERRING PHYSICIAN: Dr. Stanley Kim
DATE OF EXAM: 7/27/22

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: The AC and glenohumeral joints are 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 supraspinatus and subscapularis tendons. The infraspinatus and teres minor tendons are 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.

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

IMPRESSION:

1. Tendinosis/tendonitis with intrasubstance tearing of the supraspinatus and subscapularis tendons.
2. The anterior and posterior labrum are partially torn. Biceps tendon hypoplasia.
3. Impingement.
4. Erosions and/or osteochondral defects of the proximal humerus.
5. 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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