

PATIENT NAME: PANIAGUA KIRK  
REFERRING PHYSICIAN: DR. BARAKAT

DOB: 08/02/1959  
DOS: 04/01/2022

## **MRI OF THE RIGHT SHOULDER**

**INDICATION:** Pain.

**TECHNIQUE:** Multiple T1 and T2 weighted MRI images of the right shoulder were obtained in the axial, sagittal and coronal planes without intravenous or intraarticular contrast.

**FINDINGS:** There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid.

The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The glenoid labrum is grossly intact. There are no masses associated with the glenohumeral joint.

There is a high-grade partial tear of the distal supraspinatus tendon. There is a high-grade partial tear of the distal subscapularis tendon. There is a partial tear of the distal infraspinatus tendon. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma. There is long head of the bicep tendon sheath is severely distended with fluid, consistent with severe tenosynovitis. There are severe osteoarthritic changes with subcortical cystic changes of the humeral head. Several up to the 2.0 cm subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff. Large joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. There is 2.0 x 1.0 cm high T2 and low T1 signal in the subchondral aspect of the articular surface of the humeral head, consistent with avascular necrosis of the humeral head.

### **IMPRESSION:**

1. High-grade partial tear of the distal supraspinatus tendon.
2. High-grade partial tear of the distal subscapularis tendon.
3. Partial tear of the distal infraspinatus tendon.
4. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.

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5. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff.
6. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma.
7. Long head of the bicep tendon sheath is severely distended with fluid, consistent with severe tenosynovitis.
8. Severe osteoarthritic changes with subcortical cystic changes of the humeral head.
9. Several up to the 2.0 cm subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.
10. Large joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.
11. 2.0 x 1.0 cm high T2 and low T1 signal in the subchondral aspect of the articular surface of the humeral head, consistent with avascular necrosis of the humeral head.

*Steve B. Losik M.D.*

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Steve B. Losik, M.D.  
Board Certified Radiologist  
Electronically Signed