



Next Generation Diagnostic Imaging P.C.

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DATE OF STUDY: 9/16/2022
PATIENT NAME: DAVIS KAREN
DATE OF BIRTH: 10/14/1967
PATIENT NUMBER: SR3171
REFERRING PHYSICIAN: LIANG NP

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Patient was involved in a motor vehicle accident and now complains of pain.

COMPARISON: None.

TECHNIQUE: MRI of the right shoulder was performed using T1 and T2 weighted sequences in multiple planes.

FINDINGS:

Hyperintense signal is detected in the tendon of supraspinatus and subscapularis on T1 weighted images. This reveals fluid intensity on T2 weighted images. It reaches the articular surface and represents partial tear. Subtle hyperintense signal is seen in the terminal portion of infraspinatus tendon on T1 weighted images, suggestive of tendinosis.

Thickening and hyperintense signal is seen along the inferior gleno-humeral ligament. This can be due to edema or can be due to adhesive capsulitis.

Mild fluid is seen in subacromial – subdeltoid, subcoracoid and subscapularis bursae and along the biceps tendon. Thickening and hyperintense signal is seen along the biceps tendon, suggestive of biceps tendinosis.

Mild changes of osteoarthritis are detected in the gleno-humeral joint. There is mild synovial effusion. Moderate degenerative changes are detected in the acromio-clavicular joint, with hypertrophic spurs. There is mild lateral downsloping of the acromion. Edema is seen along the articular margins of the acromio-clavicular joint. This can represent degenerative or traumatic edema.

Small lesions, appearing hypointense on T1 and hyperintense on T2 weighted images are seen in the humeral head. These are likely to represent non-specific cysts / geodes.

The alignment of the shoulder joint is normal. The glenoid labrum is normal. Major neurovascular bundles are normal.

(Continued on Page Two)

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Incidental note is made of axillary lymph nodes.

IMPRESSION:

1. Partial tear of supraspinatus and subscapularis tendons.
2. Tendinosis of infraspinatus tendon.
3. Thickening and hyperintense signal along the inferior gleno-humeral ligament. This can be due to edema or can be due to adhesive capsulitis. Clinical correlation is suggested.
4. Mild fluid in subacromial – subdeltoid, subcoracoid and subscapularis bursae and along the biceps tendon.
5. Thickening and hyperintense signal along the biceps tendon, suggestive of biceps tendinosis.
6. Mild changes of osteoarthritis in the gleno-humeral joint.
7. Mild synovial effusion.
8. Moderate degenerative changes in the acromio-clavicular joint, with hypertrophic spurs.
9. Mild lateral downsloping of the acromion.
10. Edema along the articular margins of the acromio-clavicular joint. This can represent degenerative or traumatic edema. Clinical correlation is suggested.
11. Incidental note is made of axillary lymph nodes.

Thank you for the courtesy of this referral.

Electronically Signed
Mershad Hagigi, MD, PHD
Board Certified Radiologist
Date: 9/20/2022