

1575 Hillsido Ave, Sulte 100 New Hyde Park, NY 11040 Tel: 516 962 9544, 516 962 9599 Cell: 516 549 6963

Cell: 516 549 6963 Fox: 516 467 3130

Email: qri.newhydopark@yahoo.com

PATIENT:	BARNES, RASHEED	EXAM DATE:	06/17/2022 2:00 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	BARR70131
DOB:	05/23/1991	REFERRING PHYSICIAN:	Jurkowich, Michael
CLINICAL HISTORY:	N/F Right Shoulder Pain after MVA.	GENDER:	M.

MRI right shoulder without IV contrast

Clinical history: Pain after MVA

Comparison: None

Description: An MRI of the right shoulder was performed using multiplanar, multiecho pulse sequence with no IV contrast.

Osseous structures/marrow. No fractures or dislocation or osteonecrosis

Rotator cuff:

Supraspinatus: Increased signal in the supraspinatus tendon at the anterior leading

edge indicating tendinosis

Infraspinatus: Infraspinatus muscle and tendon are intact Teres minor: Teres minor muscle and tendon are intact Subscapularis: Subscapularis muscle from tendon are intact

Subacromial/subdeltoid bursa: No fluid in the subacromial subdeltoid bursa

Muscles: No muscle edema or fatty atrophy

AC joint: AC hypertrophy contributing to rotator cuff impingement



1575 Hillside Ave, Sulte 100 New Hyde Park, NY 11040 Tel: 516 962 9544, 516 962 9599 Cell: 516 549 6963 Fax: 516 467 3130 Email: qri.newhydepark@yahoo.com

PATIENT:	BARNES, RASHEED	EXAM DATE:	06/17/2022:2:00 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	BARR7013:1
DOB:	05/23/1991	REFERRING PHYSICIAN:	Jurkowich, Michael
CLINICAL HISTORY:	N/F Right Shoulder Pain after MVA.	GENDER:	M

Biceps tendon: Tenosynovitis of the long head biceps tendon.

Labrum/ligaments: No labral ligament abnormalities

Coracoacromial ligament rotator cuff interval: Rotator interval is normal

Glenohumeral cartilage: Intact articular cartilage

Synovium/joint fluid: No joint effusion or synovial thickening

Neurovascular structures: Normal in course and caliber

Peripheral soft fissues: Normal

Impression:

- I. Increased signal in the supraspinatus tendon at the anterior leading edge indicating tendinosis:
- 2. AC hypertrophy contributing to rotator cuff impingement
- 3. Tenosynovitis of the long head biceps tendon.

Digitally Signed By: Izzo, Joseph

Digitally Signed Date: 06/20/2022 2:53 PM