



106-01 101st Ave., Ozone Park, NY 11416  
Tel: 718-850-0900 | Fax: 914-462-4764

PATIENT:	THOMAS, JOSHUA	EXAM DATE:	07/22/2022 4:56 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	THOJ71450
DOB:	09/27/2001	REFERRING PHYSICIAN:	Zilberman, Igor DC
CLINICAL HISTORY	RT SHOULDER PAIN. S/P MVA	GENDER	M

#### MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

**HISTORY:** Right shoulder pain. Status post motor vehicle accident.

**TECHNIQUE:** Multiplanar, multi-sequence MRI of the right shoulder was performed without intravenous contrast.

**COMPARISON:** None available.

#### FINDINGS:

**OSSEOUS STRUCTURES/MARROW:** Normal marrow signal.

#### ROTATOR CUFF:

**SUPRASPINATUS:** The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

**INFRASPINATUS:** The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

**TERES MINOR:** The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

**SUBSCAPULARIS:** The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

**SUBACROMIAL/SUBDELTOID BURSA:** No fluid in subacromial-subdeltoid bursa to suggest bursitis.

**MUSCLES:** No muscle edema or fatty muscle atrophy.

**AC JOINT:** Mild subluxation of the acromioclavicular joint noted with significant hypertrophy of the joint capsule.



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**BICEPS TENDON:** There is tenosynovitis of the extra articular long head of the biceps tendon.

**LABRUM/LIGAMENTS:** No labral tear or ligament abnormalities.

**CORACOACROMIAL LIGAMENT/ROTATOR 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 TISSUES:** Normal.

#### IMPRESSION:

1. Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.
2. Tenosynovitis of the extra articular long head of the biceps tendon.

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