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New York Medical & Diagnostic Care P.C.

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Hollis, NY 11423

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PATIENT NAME: Cadeau, Caldwell
DATE OF BIRTH: 2/27/78
REFERRING PHYSICIAN: Dr. Stanley Kim
DATE OF EXAM: 8/11/22

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 tendinosis/tendonitis with intrasubstance tearing of the subscapularis, supraspinatus and infraspinatus tendons. The teres minor tendon is intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. There are axillary lymph nodes noted, which are probably post inflammatory.

There is no subacromial/subdeltoid glenohumeral joint effusion.

There is anterior and posterior labral avulsion. The biceps tendon is hypoplastic and split. The marrow signal is homogeneous. No subluxations are identified.

IMPRESSION

1. Impingement.
2. Axillary lymph nodes noted, which are probably post inflammatory.
3. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis, supraspinatus and infraspinatus tendons.
4. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.
5. Anterior and posterior labral avulsion. The biceps tendon is hypoplastic and split.

Thank you for the courtesy of this consultation.



Robert D. Solomon, M.D.
Board Certified Radiologist

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