

30-80 31st Street, Astoria, NY 11102 Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT: GARCIA-RAMON, EVANGELISTA EXAM DATE: 05/30/2022 1:00 PM STUDY MRI SHOULDER WITHOUT CONTRAST GARE65383 MRN: DESCRIPTION: DOB: 11/05/1962 REFERRING Qureshi, Adnan PHYSICIAN: CLINICAL C/O RT SHOULDER PAIN DUE TO MVA GENDER М HISTORY

MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Complains of right shoulder pain due to motor vehicle accident.

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

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

ROTATOR CUFF:

SUPRASPINATUS: There is a partial-thickness undersurface tear of the supraspinatus tendon. 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: Subluxation of the acromioclavicular joint noted with significant hypertrophy of the joint capsule.

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

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CLINICAL C/O RT SHOULDER PAIN DUE TO MVA GENDER M

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. Partial-thickness undersurface tear of the supraspinatus tendon.
- 2. Subluxation of the acromiodavicular joint with significant hypertrophy of the joint capsule.
- 3. Tenosynovitis of the extra articular long head of the biceps tendon.

Digitally Signed By: Imam, Naiyer

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