

MED AID RADIOLOGY, LLC

481 NORTH 13TH STREET, NEWARK N.J. 07107, TEL:973-481-7770 FAX: 973-481-7755

PATIENT NAME: MURRAY, BRITTANY
DATE OF BIRTH: 12/25/1992
MRN #: M19342
DATE OF SERVICE: 05/27/2022
REFERRING PHYSICIAN: JORDAN FERSEL, MD

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

INDICATION: MVA; right shoulder pain; assess for tear.

Technique: Exam is performed utilizing fast spin echo, coronal oblique, sagittal oblique, and axial imaging as well as gradient echo axial image.

Comparison: No prior studies were available for comparison at the time of dictation.

Findings: AC joint hypertrophy. No separation. No lateral sloping of the acromion. No inferior curvature. No narrowing of the supraspinatus outlet. No narrowing of the humeroacromial interval.

Infraspinatus tendon is intact. No muscle atrophy or tear.

Supraspinatus tendinopathy and fraying. No muscle atrophy or tear.

Biceps is intact in the groove. Tendinopathy extends to the anchor. Tenosynovitis.

Subscapularis tendinopathy. No muscle atrophy or tear.

Posterior inferior labrum is intact. Anterior inferior labrum is intact. Superior labrum is intact.

No fracture. No dislocation. No erosion.

Joint effusion. No capsular disruption. Anterior capsular thickening. Posterior capsule is intact.

Impression:

1. AC joint arthrosis.
2. Rotator cuff tendinopathy and fraying.
3. Capsular thickening more noted anterior which can be seen with adhesive capsulitis.
4. Biceps tendinopathy and tenosynovitis.

Thank you for the opportunity to participate in the care of this patient.



Mark Decker, M.D., D.A.B.R.
Musculoskeletal and Spine Specialist

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Signed by MARK J. DECKER, MD at 06/01/2022 05:09:46 PM