



---

313 43<sup>RD</sup> Street, LLB, Brooklyn, NY 11232  
Tel: (718) 370-7777 Fax: (718) 682-3833  
www.citimedny.com

---

**PATIENT NAME:** HENRIQUEZ, KEVIN D  
**DATE OF BIRTH:** 06/05/2001  
**MRN #:** BK15241  
**DATE OF SERVICE:** 08/29/2022  
**REFERRING PHYSICIAN:** COLIN CLARKE, MD

**MRI EXAMINATION OF THE RIGHT SHOULDER WITHOUT CONTRAST**

**INDICATION:** Right shoulder pain. Status post MVA.

**TECHNICAL FACTORS:** MRI of the right shoulder utilizing multiple imaging sequences. Interpretation is limited to some extent by the patient's large body habitus and secondary image degradation.

**COMPARISON:** None.

**FINDINGS:**

There is mild hypertrophy of the acromioclavicular capsule producing impression upon the bursal surface of the supraspinatus muscle/tendon. No significant fluid is seen in the subacromial-subdeltoid bursa with a small amount of fluid in the subcoracoid portion of the shoulder joint and adjacent subscapularis recess.

No rotator cuff tears are seen. No labral tears are identified with the bicipital and intra-articular portions of the biceps tendon grossly normal as best can be determined due to the image degradation as noted above.

A few small areas of non-specific subcortical signal abnormality are seen within the humeral head postero-superiorly. Signal from the muscular structures is normal. The coracoclavicular ligament is intact.

**IMPRESSION:**

1. Mild hypertrophy of the acromioclavicular capsule producing impression upon the bursal surface of the supraspinatus muscle/tendon. This may be creating a substrate for impingement which should be correlated with a clinical exam.
2. Small amount of fluid in the subcoracoid portion of the shoulder joint and adjacent subscapularis recess.
3. Several small areas of punctate non-specific subcortical cystic appearance within the posterolateral aspect of the humeral head.

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



---

313 43<sup>RD</sup> Street, LLB, Brooklyn, NY 11232  
Tel: (718) 370-7777 Fax: (718) 682-3833  
www.citimedny.com

---

PATIENT NAME: HENRIQUEZ, KEVIN D  
DATE OF BIRTH: 06/05/2001  
MRN #: BK15241  
DATE OF SERVICE: 08/29/2022  
REFERRING PHYSICIAN: COLIN CLARKE, MD

*Michael D Green MD*

MICHAEL D. GREEN, M.D.  
Board Certified Diagnostic Radiologist

Signed by MICHAEL GREEN, MD at 08/31/2022 01:21:00 PM