



Next Generation Diagnostic Imaging P.C.

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DATE OF STUDY: 9/26/2022
PATIENT NAME: CHERFILUS ROLAND
DATE OF BIRTH: 3/1/1959
PATIENT NUMBER: SR 3212
REFERRING PHYSICIAN: CARLOTTA ROSS

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Patient was involved in a motor vehicle accident and now complains of pain.

COMPARISON: None.

TECHNIQUE: MRI of the right shoulder was performed using T1 and T2 weighted sequences in multiple planes.

FINDINGS:

Focal hyperintense signal is detected in the tendon of supraspinatus on T1 weighted images. This reveals fluid intensity on T2 weighted images. It reaches the articular surface and represents small partial tear. Subtle hyperintense signals are seen in the terminal portions of infraspinatus and subscapularis tendons on T1 weighted images, suggestive of tendinosis.

There is thickening of inferior glenohumeral ligament seen. This can be due to injury or can be due to adhesive capsulitis. Clinical correlation is suggested.

Mild changes of osteoarthritis are detected in the gleno-humeral joint. Small lesions, appearing hypointense on T1 and hyperintense on T2 weighted images is seen in humeral head. These are likely to represent non-specific cysts / geodes.

Mild-to-moderate degenerative changes are detected in the acromio-clavicular joint, with hypertrophic spurs. There is mild lateral downsloping of the acromion. Subacromial spur is seen.

Mild synovial effusion is seen. Mild fluid is seen in subacromial – subdeltoid, subcoracoid bursae and along the biceps tendon.

Subtle hyperintense signal is seen involving the supraspinatus muscle belly, suggestive of edema.

(Continued on Page Two)

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The alignment of the shoulder joint is normal. The glenoid labrum is normal. Other muscles and their attachments also appear normal. Major neurovascular bundles are normal

IMPRESSION:

1. Small partial articular surface tear of the supraspinatus tendon.
2. Tendinosis of infraspinatus and subscapularis tendons.
3. Thickening of inferior glenohumeral ligament. This can be due to injury or can be due to adhesive capsulitis. Clinical correlation is suggested.
4. Mild changes of osteoarthritis in the gleno-humeral joint.
5. Mild-to-moderate degenerative changes in the acromio-clavicular joint, with hypertrophic spurs.
6. Mild lateral downsloping of the acromion.
7. Subacromial spur.
8. Mild synovial effusion.
9. Mild fluid in subacromial – subdeltoid, subcoracoid bursae and along the biceps tendon.
10. Subtle hyperintense signal involving the supraspinatus muscle belly, suggestive of edema.

Thank you for the courtesy of this referral.

Electronically Signed
Merhad Hagigi, MD, PHD
Board Certified Radiologist
Date: 9/27/2022