

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

PATIENT: ROSA PENA, HERIBERTO EXAM DATE: 10/13/2022 4:31 PM STUDY MRI SHOULDER WITHOUT CONTRAST HERR71968 **DESCRIPTION:** DOB: 10/06/1990 REFERRING Koutsospyros, Demetrios A PHYSICIAN: CLINICAL C/O RT SHOULDER PAIN DUE TO MVA **GENDER** M **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.

FINDINGS:

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

ROTATOR CUFF:

SUPRASPINATUS: There is a partial-thickness undersurface tear of the supraspinatus tendon. 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.

ACJOINT: Intact.

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

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.



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PATIENT:

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STUDY

DESCRIPTION:

MRI SHOULDER WITHOUT CONTRAST

MRN:

HERR71968

DOB:

10/06/1990

REFERRING PHYSICIAN: Koutsospyros, Demetrios A

CLINICAL HISTORY C/O RT SHOULDER PAIN DUE TO MVA

GENDER

M

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator interval is normal.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: There is no joint effusion

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

- 1. There is a partial-thickness undersurface tear of the supraspinatus tendon.
- 2. There is tenosynovitis of the extra articular long head of the biceps tendon.

Digitally Signed By: Imam, Naiyer

Digitally Signed Date: 10/14/2022 4:57 PM

