



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

1575 Hillside Ave, Suite 100
New Hyde Park, NY 11040
Tel: 516 962 9544, 516 962 9599
Cell: 516 549 6963
Fax: 516 467 3130
Email: qri.newhydepark@yahoo.com

PATIENT:	NICHOLAS,NADINE	EXAM DATE:	06/28/2022 1:00 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	NICN70889
DOB:	03/30/1977	REFERRING PHYSICIAN:	Jurkowich, Michael
CLINICAL HISTORY:	N/F right shoulder Pain due to MVA	GENDER:	F

MRI of the right shoulder without IV contrast

Clinical history pain of the right shoulder at the time of MVA

Comparison: None

Description

An MRI of the right shoulder was performed using multiplanar, multiecho pulse sequence. No IV contrast was given.

Osseous structures/marrow. There is no fracture or dislocation. There is increased signal at the AC joint absent bone marrow edema from trauma. No osteonecrosis.

Rotator cuff

Supraspinatus: There is increased intrasubstance signal at the anterior leading edge with fluid inferiorly indicating partial tear at the articular surface.

Infraspinatus: Infraspinatus muscle and tendon fibers are intact

Teres minor,: Teres minor muscle and tendon fibers are intact

Subscapularis: Subscapularis muscles and tendons fibers are intact

Subacromial/subdeltoid bursa: There is fluid seen at the subacromial subdeltoid bursa indicating bursitis

Muscles: There is no muscle edema or fat atrophy

AC joint: There is increased fluid of the AC joint with bone marrow edema. There is type III acromion contributing to supraspinatus outlet obstruction



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

1575 Hillside Ave, Suite 100
New Hyde Park, NY 11040
Tel: 516 962 9544, 516 962 9599
Cell: 516 549 6963
Fax: 516 467 3130
Email: qri.newhydepark@yahoo.com

PATIENT:	NICHOLAS, NADINE	EXAM DATE:	06/28/2022 1:00 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	NICN70889
DOB:	03/30/1977	REFERRING PHYSICIAN:	Jurkovich, Michael
CLINICAL HISTORY:	N/F right shoulder Pain due to MVA	GENDER:	F

Biceps tendon: Long head biceps tendon is normal within the bicipital groove

Ligament and labrum: No labral ligament abnormalities

Coracoacromial ligament/rotator interval: Rotator interval is normal

Glenohumeral cartilage: Intact cartilage

Neurovascular structures: Normal in course and caliber

Peripheral soft tissues: Normal

Impression

1. Increased intrasubstance signal at the anterior leading edge with fluid inferiorly
2. Fluid seen at the subacromial subdeltoid bursa indicating bursitis, AC joint increased signal indicating bone marrow edema from trauma
3. Increased fluid of the AC joint with bone marrow edema. There is type III acromion contributing to supraspinatus outlet obstruction

Digitally Signed By: Izzo, Joseph

Digitally Signed Date: 06/29/2022 11:31 AM