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:	BAILEY, CHENOAH	EXAM DATE:	08/31/2022 3:09 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	BAIC71719
DOB:	01/12/1993	REFERRING PHYSICIAN:	Jurkowich, Michael
CLINICAL HISTORY:	NF RT SHOULDER PAIN DUE TO MVA.	GENDER:	M

RIGHT SHOULDER MRI WITHOUT CONTRAST

HISTORY: Right shoulder pain status post motor vehicle accident

TECHNIQUE: Multiplanar, multi-sequence MRI of the right shoulder was performed without intravenous contrast.

COMPARISON: None

FINDINGS:

OSSEOUS STRUCTURES/MARROW there is no fracture or dislocation. There is no abnormal bone marrow signal

ROTATOR CUFF

SUPRASPINATUS: Tendinopathy supraspinatus at the anterior leading edge with increase

intrasubstance signal. No tears of the supraspinatus

INFRASPINATUS: Intact TERES MINOR: Intact SUBSCAPLUARIS: . Intact

MUSCLES: No muscle edema fatty atrophy

SUBACROMIAL/SUBDELTOID: No sub-acromial bursa fluid

AC JOINT: AC hypertrophy contributing to supraspinatus outlet obstruction

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BICEPS TENDON: Normal long head biceps tendon with tenosynovitis. Partial tear is seen at

the anchor portion of the long head attachment to the labrum

LABRUM/LIGAMENTS: Intact

CORCOACROMIAL/ROTATOR: Normal rotator interval

GLENOHUMERAL CARTILAGE: No glenohumeral cartilage or joint effusion

SYNOVIUM/JOINT FLUID: No synovial hypertrophy of joint fluid

NEUROVASCULAR STRUCTURES: Normal in caliber and course

PERIPHERAL SOFT TISSUES: Normal unremarkable

IMPRESSION:

- 1. Tendinopathy supraspinatus at the anterior leading edge with increase intrasubstance signal. No tears of the supraspinatus
- 2.AC hypertrophy contributing to supraspinatus outlet obstruction
- 3.biceps tendon with tenosynovitis. Partial tear is seen at the anchor portion of the long head attachment to the labrum

Digitally Signed By: Izzo, Joseph

Digitally Signed Date: 09/01/2022 12:53 PM