



To:	Davis, Gordon	Patient Name:	Mckenzie, Rosswell
Exam:	MRI RIGHT SHOULDER	DOB:	01/15/2002
Exam Date:	09/08/2022 2:21 PM	Gender:	M
Accession:	31252	MRN:	MckR6751

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 available.

FINDINGS:

ROTATOR CUFF: The supraspinatus, infraspinatus, subscapularis, and teres minor tendons are intact. There is no rotator cuff tear. There is an anteriorly downsloping acromion with thickening of the coracoacromial ligament which contribute to rotator cuff impingement. There is subdeltoid/subacromial bursal fluid indicative of bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: Intact.

BICEPS TENDON: Intact long head of the biceps tendon.

LABRUM/LIGAMENTS: There is focal linear intermediate signal within the substance of the superior glenoid labrum best seen on image 13 of the coronal PD fat-saturated series 5. This likely represents a labral tear.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

MARROW: Normal marrow signal.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

Focal tear of the superior glenoid labrum.



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Evidence of rotator cuff impingement secondary to anteriorly downsloping acromion with thickening of the coracoacromial ligament. Associated subdeltoid/subacromial bursitis.

Electronically Signed by: Borukhov, David MD on 09/09/2022 9:51 AM