

New York Medical & Diagnostic Care P.C.
204-16 Hillside Avenue
Hollis, NY 11423
718-740-9200/718-740-9211 FAX

PATIENT NAME: Salisbury, Breon
DATE OF BIRTH: 9/13/92
REFERRING PHYSICIAN: Dr. Phyllis Gelb
DATE OF EXAM: 9/30/22

MRI OF THE RIGHT SHOULDER:

TECHNIQUE: Coronal oblique and axial images of the right shoulder were performed using spin echo and gradient pulse sequences.

CLINICAL HISTORY: Shoulder pain.

FINDINGS: There is AC joint narrowing and acromion spurring. The glenohumeral joint is intact. Impingement is noted. The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in size without evidence of atrophy or fatty infiltration. The tendons of the rotator cuff reveal tendinosis/tendonitis of the supraspinatus and infraspinatus portion of the cuff. The subscapularis and teres minor tendons are intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. .

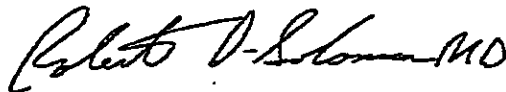
There is no subacromial/subdeltoid bursitis or glenohumeral joint effusion.

There is hypoplastic anterior and posterior labrum. The biceps tendon is hypoplastic. The marrow signal is homogeneous. No subluxations are identified.

IMPRESSION:

1. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.
2. Impingement.
3. Hypoplastic anterior and posterior labrum. Hypoplastic biceps tendon.
4. Tendinosis/tendonitis of the supraspinatus, subscapularis and infraspinatus tendons.
5. AC joint narrowing and acromion spurring.

Thank you for the courtesy of this consultation.



Robert D. Solomon, M.D.
Board Certified Radiologist

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