

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

**PATIENT NAME:** McDonald, Denor  
**DATE OF BIRTH:** 11/21/91  
**REFERRING PHYSICIAN:** Dr. Joseph Martone  
**DATE OF EXAM:** 9/02/22

**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 intrasubstance tearing of the supraspinatus, subscapularis and infraspinatus portion of the cuff. The teres minor tendon is intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

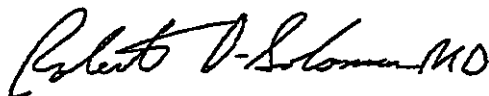
There is a glenohumeral joint effusion.

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

**IMPRESSION:**

1. Impingement.
2. Glenohumeral joint effusion.
3. AC joint narrowing and acromion spurring.
4. Hypoplastic biceps tendon. The anterior and posterior labrum are partially torn and disrupted.
5. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis, supraspinatus and infraspinatus portion of the cuff.
6. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament

Thank you for the courtesy of this consultation.



---

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

**New York Medical & Diagnostic Care P.C.**