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PATIENT: FERGUSON, STANLEY
FILE#: 044987
DOB: 07/19/1962
DOS: 07/27/2022
PHYSICIAN: DR. KOPACH, ALEKSANDR

MRI OF THE RIGHT SHOULDER

Clinical History: Pain; s/p injury.

Protocol: T1 and T2 axial and sagittal images

Findings: The acromioclavicular joint is intact, however, there is joint space narrowing and moderate hypertrophy impinging upon the supraspinatus muscle tendon complex.

There are markedly irregular supraspinatus and infraspinatus tendons with multiple partial tears involving both the synovial and bursal surfaces from the critical zone to the insertion site of both tendon slips. There is fluid present in the subacromial/subdeltoid bursa. The subscapularis tendon is intact.

Subchondral cyst formation is present in the humeral head. There is no humeral fracture or bone marrow edema. The long head of the biceps tendon is normally situated in the bicipital groove. The biceps anchor complex is intact.

The anterior and posterior labrum appear intact. There is an effaced and attenuated, irregular appearing inferior glenohumeral ligamentous complex.

The visualized musculature is normal in signal intensity. There is no subcutaneous mass or abnormal fluid collection.

IMPRESSION:

1. MODERATE NARROWING AND BONY HYPERTYROPHY OF THE ACROMIOCLAVICULAR JOINT IMPINGING UPON THE SUPRASPINATUS MUSCLE TENDON COMPLEX.
2. NARROWING AND IRREGULARITY WITH SIGNAL ABNORMALITY OF BOTH THE SYNOVIAL AND BURSAL SURFACES OF THE SUPRASPINATUS AND INFRASPINATUS TENDONS CONSISTENT WITH PARTIAL THICKNESS TEARS FROM CRITICAL ZONE TO ATTACHMENT SITE.
3. FLUID PRESENT IN THE SUBACROMIAL/SUBDELTOID BURSA AND AXILLARY RECESS EFFACING THE INFERIOR GLENOHUMERAL LIGAMENOUS COMPLEX.
4. SUBCHONDRAL CYST FORMATION HUMERAL HEAD.
5. BICEPS TENDINOSIS.

Thank you for the courtesy of this referral.

**** Electronically Signed ****

Charles DeMarco, M.D.

Diplomate, American Board of Radiology