

SKY RADIOLOGY

PATIENT NAME	EWeka, ESE
D.O.B.	12/25/1970
PATIENT #	0000013515
DATE OF SERVICE	5/2/2022 5:53:19 PM
REF. PHYSICIAN	KOPACH, ALEXANDR MD

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

INDICATION: MVA. Right shoulder pain

COMPARISON: No prior study was available for comparison at the time of dictation.

TECHNIQUE: T1, T2, and PD, axial, coronal, and sagittal sequences were obtained.

FINDINGS:

No fracture or suspicious lesion. No os acromiale, low-lying acromion, or intra-articular loose body.

Both supraspinatus and infraspinatus tendinosis; with articular surface tear toward the attachment of the posterior infraspinatus with subtendinous fluid. Series 5 image 7. There is a more broad interstitial signal at the conjoined region of the infraspinatus and supraspinatus compatible with bursal surface and articular surface fraying at these insertional fibers. Series 5 image 8. Acromioclavicular osteoarthritis with hyperintense signal within and surrounding the joint capsule obscuring both the superior and inferior glenohumeral ligaments. No joint space widening and alignment appears normal. Increased signal also noted along the course of coracohumeral and coracoacromial ligaments.

Glenohumeral joint space narrowing with mild chondral loss, and suspect superimposed inferior labral tear between approximate 5:00 and 6:00 axes. Series 6 image 12.

Free fluid in the subcoracoid recess, with increased intratendinous and myotendinous signal of the subscapularis. Increased signal within the superior glenohumeral ligament. Biceps tendinopathy with proximal peritendinous fluid.

Intact bicipital labral anchor complex.

Teres minor tendon is normal. No muscle atrophy.

IMPRESSION:

SKY RADIOLOGY P.C.

210-12 NORTHERN BLVD, BAYSIDE, NY 11361 * TEL 718-224-8800 * FAX 718-224-8822

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1. Both supraspinatus and infraspinatus tendinosis; with articular surface tear toward the attachment of the posterior infraspinatus with subtendinous fluid. Series 5 image 7. There is a more broad interstitial signal at the conjoined region of the infraspinatus and supraspinatus compatible with bursal surface and articular surface fraying at these insertional fibers.
2. Acromioclavicular osteoarthritis with hyperintense signal within and surrounding the joint capsule suggesting both capsular sprain and possible tear of the acromioclavicular ligaments. Increased signal also noted throughout the rotator cuff interval and suggesting sprain of both coracohumeral and coracoacromial ligaments.
3. Glenohumeral joint space narrowing with mild chondral loss, and suspect superimposed inferior labral tear between approximate 5:00 and 6:00 axes.
4. Small free fluid in the subcoracoid recess with subscapularis tendinosis and sprain of the superior glenohumeral ligament. Biceps tendinopathy.

Thank you for this kind referral of this patient.

B.V. Reddy MD

B.V. Reddy M.D.
Diagnostic Radiologist and Nuclear Medicine Physician
Diplomat of ABNM and ABR
MRI and Breast Imaging Specialist

Electronically Signed by REDDY, B.V. MD DR. at 5/5/2022 2:00:24 PM

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