SKY RADIOLOGY

PATIENT NAME

MARKS, JULIET ANN MARIE

D.O.B.

03/17/1971

PATIENT#

0000013016 3/10/2022 9:55:24 AM

DATE OF SERVICE REF. PHYSICIAN

RYBSTEIN, MARC MD

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

INDICATION: 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 or intra-artícular loose body.

Suggestive shoulder impingement with low-lying acromion on both supraspinatus and infraspinatus tendons, with concomitant tendinosis, and articular surface tear of the posterior infraspinatus. At this level there is also concomitant subjacent subcortical edematous and cystic change of the posterior humeral head which may also suggest concomitant contusion or sequelae of repetitive microtrauma. There is also a broad tear extending from the junction of both infraspinatus and supraspinatus fibers involving both bursal and articular surfaces toward the anterior supraspinatus attachment. Series 5 images 8-11.

Acromioclavicular osteoarthrosis with undersurface proliferation, and inflammatory changes of joint capsule. Increased signal also noted along the course of coracohumeral and coracoacromial ligaments. Subacromial/subdeltoid bursitis.

Glenohumeral joint space narrowing with chondral loss, inferomedial osteophytosis. Inferior labral tear 6:00 axis series 6 image 12.

Subscapularis tendinopathy and sprain of superior glenohumeral ligament. Intact biceps tendon and biceps 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

Page 1 of 2

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1. Suggestive shoulder impingement with low-lying acromion on both supraspinatus and infraspinatus tendons, with concomitant tendinosis, and articular surface tear of the posterior infraspinatus. At this level there is also concomitant subjacent subcortical edematous and cystic change of the posterior humeral head which may also suggest concomitant contusion or sequelae of repetitive microtrauma. There is also a broad tear extending from the junction of both infraspinatus and supraspinatus fibers involving both bursal and articular surfaces toward the anterior supraspinatus attachment.

- 2. Acromicclavicular esteenrthresis with inflammatory changes of joint capsule and sprain of coracohumeral and coracoacromial ligaments. Subacromial/subdeltoid bursitis.
- 3. Glenohumeral joint space narrowing with chondral loss, inferomedial osteophytosis. Inferior labral tear 6:00 axis series 6 image 12.
- 4. Mild subscapularis tendinopathy and sprain of superior glenohumeral ligament.

Thank you for this kind referral of this patient.

BY RHYND

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 3/17/2022 8:29:00 AM

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