

PATIENT NAME: ERSKINE JOSEPH H.
REFERRING PHYSICIAN: DR. FERSEL

DOB: 10/09/1968
DOS: 07/09/2022

MRI OF THE RIGHT SHOULDER

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the right shoulder were obtained in the axial, sagittal and coronal planes without intravenous or intraarticular contrast.

FINDINGS: Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid. The acromioclavicular joint is intact.

The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The glenoid labrum is grossly intact. There are no masses associated with the glenohumeral joint.

There is a high-grade partial tear of the distal subscapularis tendon. There is a partial tear of the distal supraspinatus tendon. There is a partial tear of the distal infraspinatus tendon. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting. There is moderate-to-large joint effusion most prominent in the axillary pouch. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.

IMPRESSION:

1. High-grade partial tear of the distal subscapularis tendon.
2. Partial tear of the distal supraspinatus tendon.
3. Partial tear of the distal infraspinatus tendon.
4. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.
5. Moderate-to-large joint effusion most prominent in the axillary pouch.
6. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed