

SKY RADIOLOGY

PATIENT NAME	RAMPERSAUD, LILOUTIE
D.O.B.	12/01/1954
PATIENT #	0000013263
DATE OF SERVICE	04/11/2022
REF. PHYSICIAN	RAHMAN, QUAZI 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, low-lying acromion, or intra-articular loose body. No evidence of significant arthritis and glenohumeral cartilage grossly intact.

Tendinosis supraspinatus and infraspinatus with high-grade predominant interstitial type tear supraspinatus measuring 6 mm AP dimension and involving approximately 80% tendon thickness. Interstitial delaminating tear at the junction of the supraspinatus and infraspinatus is seen with extension through the articular surface posteriorly and bursal surface anteriorly. Tendinosis subscapularis with high-grade partial tear involving the cephalad subscapularis insertional fibers.

Hyperintense signal with fibrillation/tear of the superior and posterior superior labrum. Intact bicipital labral anchor complex but with tendinosis of the proximal biceps tendon. Biceps tendon is medially subluxed from the cephalad aspect of the groove.

Mild thickening and intermediate signal intensity inferior glenohumeral ligament with mild pericapsular. Teres minor tendon is normal. No muscle atrophy.

No significant effusion. Moderate subacromial/subdeltoid bursitis.

IMPRESSION:

1. Tendinosis supraspinatus and infraspinatus with high-grade interstitial type tear supraspinatus as well as interstitial delaminating tear at the junction of the 2 tendons that extends that appears to have oblique extension through both the articular and bursal surface.

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2. Tendinosis subscapularis with high-grade partial tear involving the cephalad subscapularis insertional fibers
3. Fibrillation/tear superior and posterior superior labrum with tendinosis of the proximal biceps tendon, which is seen medially subluxed from the cephalad aspect of the groove.
4. Moderate subacromial subdeltoid bursitis.

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 4/24/2022 1:18:24 AM

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