



170-10 Cedarcroft Road, Jamaica, NY 11432  
Tel: 718-206-1000 | Fax: 718-532-0633

PATIENT:	ROBERSON, KEVIN	EXAM DATE:	08/02/2022 6:15 PM
STUDY DESCRIPTION:	CT SHOULDER WITHOUT CONTRAST	MRN:	ROBK69895
DOB:	02/13/1964	REFERRING PHYSICIAN:	Feldman, Eric
CLINICAL HISTORY:	PAIN DUE TO ACCIDENT	GENDER	M

#### COMPUTED TOMOGRAPHY OF THE RIGHT SHOULDER

HISTORY: Pain due to accident.

TECHNIQUE: Thin axial slices are obtained through the entire right shoulder. Sagittal and coronal reconstructions are obtained.

COMPARISON: None available.

#### FINDINGS:

OSSEOUS STRUCTURES: No fracture demonstrated.

#### ROTATOR CUFF:

SUPRASPINATUS: The supraspinatus tendon is grossly intact. No tendon retraction is found. No skeletal muscle atrophy is seen.

INFRASPINATUS: The infraspinatus tendon is grossly intact. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon is grossly intact. No tendon retraction is found. No skeletal muscle atrophy is seen.



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**SUBSCAPULARIS:** The subscapularis tendon is grossly intact. No tendon retraction is found. No skeletal muscle atrophy is seen.

**SUBACROMIAL/SUBDELTOID BURSA:** No fluid in subacromial-subdeltoid bursa to suggest bursitis.

**MUSCLES:** No muscle edema or fatty muscle atrophy by CT.

**AC JOINT:** Type I downsloping and inferior lateral lying acromion. These factors can contribute to rotator cuff impingement.

**BICEPS TENDON:** Grossly intact long-head of the biceps tendon.

**LABRUM/LIGAMENTS:** The labra are grossly intact.

**CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL:** Unremarkable on CT.

**GLENOHUMERAL CARTILAGE:** Grossly intact articular cartilage.

**SYNOVIUM/JOINT FLUID:** No joint effusion or synovial thickening.

**NEUROVASCULAR STRUCTURES:** Normal in course and caliber



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PERIPHERAL SOFT TISSUES: Normal.

**IMPRESSION:**

1. Type I downsloping and inferior lateral lying acromion. These factors can contribute to rotator cuff impingement.
2. Right shoulder is otherwise unremarkable. However, CT has limited evaluation of rotator cuff tendons and soft tissue pathology. If there is further clinical concern, MRI of the right shoulder may be obtained as clinically warranted.

Digitally Signed By: Imam, Naiyer  
Digitally Signed Date: 08/05/2022 1:08 PM