



# QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

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PATIENT:	PERSAUD, AJIT	EXAM DATE:	07/21/2022 4:24 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	PERA71511
DOB:	05/05/1996	REFERRING PHYSICIAN:	Jurkovich, Michael
CLINICAL HISTORY:	PAIN IN RT. SHOULDER AFTER MVA	GENDER:	M

## MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

**HISTORY:** Pain in right shoulder after motor vehicle accident.

**TECHNIQUE:** Multiplanar, multi-sequence MRI of the right shoulder was performed without intravenous contrast.

**COMPARISON:** None available.

### FINDINGS:

**OSSEOUS STRUCTURES/MARROW:** Normal marrow signal.

### ROTATOR CUFF:

**SUPRASPINATUS:** The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

**INFRASPINATUS:** The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

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

**SUBSCAPULARIS:** The subscapularis tendon maintains intact tendon fibers. 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.

**AC JOINT:** Mild subluxation of the acromioclavicular joint noted with significant hypertrophy of the joint capsule.

**BICEPS TENDON:** There is tenosynovitis of the extra articular long head of the biceps tendon.

**LABRUM/LIGAMENTS:** No labral tear or ligament abnormalities.



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**CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL:** Rotator interval is normal.

**GLENOHUMERAL CARTILAGE:** Intact articular cartilage.

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

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

**PERIPHERAL SOFT TISSUES:** Normal.

**IMPRESSION:**

1. Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.
2. Tenosynovitis of the extra articular long head of the biceps tendon.

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