MIB | MEDICAL IMAGING OF BRONX, P.C.

1500 ASTOR AVENUE
BRONX, NY 10469
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PATIENT NAME: MORGAN MARTIN DOB: 04/08/1979
REFERRING PHYSICIAN: DR. BARAKAT DOS: 04/04/2022

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: There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid.

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

There is a partial tear of the distal supraspinatus tendon. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting. Low lying acromion with impingement of rotator cuff, in an appropriate clinical setting. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

IMPRESSION:

1. Partial tear of the distal supraspinatus tendon.
2. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.
3. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.
4. Low lying acromion with impingement of rotator cuff, in an appropriate clinical setting.
5. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma.

6. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.
7. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

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Board Certified Radiologist
Electronically Signed