



To: Davis, Gordon
Exam: MRI RIGHT SHOULDER
Exam Date: 07/07/2022 3:15 PM
Accession: 27193

Patient Name: Palma, Manuel
DOB: 11/27/1957
Gender: M
MRN: PalM5496

RIGHT SHOULDER MRI WITHOUT CONTRAST

HISTORY: Right shoulder pain status post motor vehicle accident

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

COMPARISON: None available.

FINDINGS:

ROTATOR CUFF: There are partial thickness articular surface tears of the distal supraspinatus and infraspinatus tendons superimposed on supraspinatus, infraspinatus, and subscapularis tendinitis. The teres minor tendon is intact. There is subdeltoid/subacromial bursal thickening and edema consistent with bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: There is moderate acromioclavicular joint disease. There is an anteriorly downsloping acromion which contribute to rotator cuff impingement.

BICEPS TENDON: There is tendinitis of the intra-articular long head of the biceps tendon.

LABRUM/LIGAMENTS: There is a tear of the anterior superior to posterior superior glenoid labrum (SLAP) which propagates posteriorly to the level of the posterior glenoid labrum. There is a partial tear of the biceps labral anchor complex. There is edema within the rotator interval consistent with adhesive capsulitis.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

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

MARROW: Normal marrow signal.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:



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Partial-thickness articular surface tears of the distal supraspinatus and infraspinatus tendons superimposed on supraspinatus, infraspinatus, and subscapularis tendinitis. Associated subdeltoid/subacromial bursitis.

Evidence of rotator cuff impingement secondary to anteriorly downsloping acromion. Moderate acromioclavicular joint disease.

Tear of the anterior superior to posterior superior glenoid labrum (SLAP tear) with a partial tear of the biceps labral anchor complex and propagation of tear to the level of the posterior glenoid labrum.

Evidence of adhesive capsulitis.

Electronically Signed by: Borukhov, David MD on 07/08/2022 9:58 AM