

New York Medical & Diagnostic Care P.C.

204-16 Hillside Avenue

Hollis, NY 11423

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PATIENT NAME: Fox, Jamel
DATE OF BIRTH: 8/04/88
REFERRING PHYSICIAN: Dr. Phyllis, Gelb
DATE OF EXAM: 7/28/22

MRI OF THE RIGHT SHOULDER:

TECHNIQUE: Coronal oblique and axial images of the right shoulder were performed using spin echo and gradient pulse sequences.

CLINICAL HISTORY: Shoulder pain.

FINDINGS: The AC and glenohumeral joints are intact. Impingement is noted. The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in size without evidence of atrophy or fatty infiltration. The tendons of the rotator cuff reveal tendinosis/tendonitis with acute and chronic rotator cuff tearing of the of the supraspinatus and subscapularis tendons. The infraspinatus and teres minor tendons are intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. There is erosive disease and chondromalacia.

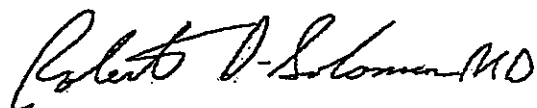
There is no subacromial/subdeltoid glenohumeral joint effusion.

The anterior labrum is partially torn. The biceps tendon is hypoplastic. The marrow signal is homogeneous. No subluxations are identified.

IMPRESSION:

1. The anterior labrum is partially torn. The biceps tendon is hypoplastic.
2. Tendinosis/tendonitis with acute and chronic rotator cuff tearing of the of the supraspinatus and subscapularis tendons.
3. Impingement.
4. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament

Thank you for the courtesy of this consultation.



Robert D. Solomon, M.D.
Board Certified Radiologist

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