



Westchester Radiology & Imaging, PC

933 Saw Mill River Road

Ardsey, NY 10502

Phone: 914-740-1188 Fax: 914-478-0303

PATIENT: TWUMASI KOFI  
DOB: 03/28/1952  
PHYSICIAN: DR. MATHEW  
EXAM DATE: 03/30/2022

## 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 glenoid labrum is grossly intact. There are no masses associated with the glenohumeral joint.

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

## IMPRESSION:

1. High-grade partial tear of the distal supraspinatus tendon.
2. Partial tear of the distal subscapularis tendon.
3. Partial tear of the distal infraspinatus tendon.
4. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.

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5. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.
6. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff.
7. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma.
8. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.
9. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

*Steve B. Losik M.D.*

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Steve B. Losik, M.D.  
Board Certified Radiologist  
Electronically Signed