

New York Medical & Diagnostic Care P.C.

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PATIENT NAME: Kelly, Garthlandlo
DATE OF BIRTH: 3/14/85
REFERRING PHYSICIAN: Dr. Joseph Martone
DATE OF EXAM: 9/02/22

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: There is AC joint narrowing and acromion spurring. The glenohumeral joint is 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 intrasubstance tearing of the supraspinatus, subscapularis and infraspinatus portion of the cuff. The teres minor tendon is intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. There is a nonspecific cyst adjacent to the rotator cuff tendons.

There is no subacromial/subdeltoid glenohumeral joint effusion.

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

IMPRESSION:

1. Impingement.
2. Nonspecific cyst adjacent to the rotator cuff tendons.
3. AC joint narrowing and acromion spurring.
4. Anterior and posterior labrum are hypoplastic. Partially torn biceps tendon.
5. Tendinosis/tendonitis with intrasubstance tearing of the subscapularis, supraspinatus and infraspinatus portion of the cuff.
6. 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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