



396 Anderson Avenue • Suite 120 • Cliffside Park, New Jersey 07010  
Tel: (201) 945- MRI-7 • Fax: (201) 945-1466

PATIENT NAME: ACOSTA SANCHEZ, EDWIN  
PATIENT DOB: 09/13/1994  
CHART NUMBER: 045459  
EXAM DATE: JULY 31, 2022  
REFERRING PHYSICIAN: DR. CLARKE, COLIN

**MRI OF THE RIGHT SHOULDER**

**Clinical History:** Pain; s/p injury.

**Protocol:** T1 and T2 axial and sagittal images

**Findings:** The acromioclavicular joint is intact. There is no fracture or edema of the distal clavicle. There is undersurface hypertrophy, which may be causing impingement. There is a focal cortical defect and subchondral signal abnormality in the humeral head.

The supraspinatus, infraspinatus, and subscapularis tendons are intact. There is a frayed, somewhat irregular appearance to the distal bursal surface of the supraspinatus tendon. This appearance is consistent with a partial tear.

The humeral head is normal. There is no fracture or bone marrow edema. The long head of the biceps tendon is normally situated in the bicipital groove.

The anterior and posterior labrum are intact. The inferior glenohumeral ligamentous complex is intact.

The visualized musculature is normal in signal intensity. There is no subcutaneous mass or abnormal fluid collection.

**IMPRESSION:**

1. INTACT ACROMIOCLAVICULAR JOINT WITH UNDERSURFACE HYPERTROPHY, WHICH MAY BE CAUSING IMPINGEMENT.
2. FINDINGS CONSISTENT WITH A PARTIAL TEAR OF THE DISTAL BURSAL SURFACE OF THE SUPRASPINATUS TENDON NEAR THE ATTACHMENT SITE.
3. CORTICAL DEFECT AND SUBCHONDRAL SIGNAL ABNORMALITY IN THE SUPERIOR ASPECT OF THE HUMERAL HEAD.

Thank you for the courtesy of this referral.

\*\*\*\* Electronically Signed \*\*\*\*

Charles DeMarco, M.D.

Diplomate, American Board of Radiology