



---

92-20 165<sup>TH</sup> Street, Jamaica, NY 11433  
Tel: (347) 380-5525 Fax: (347) 338-1380  
www.citimedny.com

---

**PATIENT NAME:** OLIVO, JUAN  
**DATE OF BIRTH:** 07/19/1982  
**MRN #:** JM23253  
**DATE OF SERVICE:** 08/17/2022 09:18:41 AM  
**REFERRING PHYSICIAN:** JORDAN FERSEL, MD

**PROCEDURE: MRI OF THE RIGHT SHOULDER**

**INDICATION:** R/O TEAR. Date of accident: 06/06/2022.

**TECHNIQUE:** Multiple pulse sequences were obtained in the coronal, sagittal and axial planes.

**COMPARISON:** None

**FINDINGS:** The subcutaneous tissues are maintained. Productive changes are noted at the acromioclavicular joint with soft tissue edema and joint effusion.

Effusion is identified at the glenohumeral joint.

Superior labral tear is identified.

The biceps tendon is intact.

The subscapularis tendon is intact with tendinopathy.

There is tendinopathy of the supraspinatus tendon. The infraspinatus tendon is intact. The teres minor tendon is intact.

**IMPRESSION:**

1. Effusion at the glenohumeral joint.
2. Superior labral tear.
3. Tendinopathy of the subscapularis tendon.
4. Tendinopathy of the supraspinatus tendon.
5. Productive changes at the acromioclavicular joint.

Thank you for the opportunity to participate in the care of this patient.



---

92-20 165<sup>TH</sup> Street, Jamaica, NY 11433  
Tel: (347) 380-5525 Fax: (347) 338-1380  
[www.citimedny.com](http://www.citimedny.com)

---

<b>PATIENT NAME:</b>	<b>OLIVO, JUAN</b>
<b>DATE OF BIRTH:</b>	<b>07/19/1982</b>
<b>MRN #:</b>	<b>JM23253</b>
<b>DATE OF SERVICE:</b>	<b>08/17/2022 09:18:41 AM</b>
<b>REFERRING PHYSICIAN:</b>	<b>JORDAN FERSEL, MD</b>

A handwritten signature in black ink, appearing to read "R. J. Denis", is written over a horizontal line.

**REGINALD J. DENIS, M.D.**  
Diagnostic Neuroradiologist

Signed by REGINALD DENIS, MD at 08/18/2022 10:00:15 AM