MIB | MEDICAL IMAGING OF BRONX, P.C.

1500 ASTOR AVENUE
BRONX, NY 10469
P. 718-321-0760 P.718-231-6800

PATIENT NAME: MCHAYLE ERROL
REFERRING PHYSICIAN: DR. BARAKAT

DOB: 08/21/1965
DOS: 06/24/2022

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 biceps tendon is situated within the bicipital groove and its attachment to the superior labrum is intact. The glenoid labrum is grossly intact. There is no joint effusion. There are no masses associated with the glenohumeral joint.

There is a 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. Type III acromion with impingement of rotator cuff, in an appropriate clinical setting. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.

IMPRESSION:

1. Partial tear of the distal supraspinatus tendon.
2. Partial tear of the distal subscapularis tendon.
3. Partial tear of the distal infraspinatus tendon.
4. Type III acromion with impingement of rotator cuff, in an appropriate clinical setting.
5. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.

Steve B. Losik M.D.

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