

PATIENT NAME: MONTFORD DUROJAIYE DEBORAH DOB: 07-03-1953
REFERRING PHYSICIAN: DR. MATHEW DOS: 08-31-2021

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 rotator cuff tendons including the subscapularis, infraspinatus and teres minor are intact without MRI evidence of a tear or tendinosis/tendinopathy. 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 are no masses associated with the glenohumeral joint.

Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting. There is a high-grade partial tear of the distal supraspinatus tendon. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff. There are mild osteoarthritic changes.

IMPRESSION:

1. High-grade partial tear of the distal supraspinatus tendon.
2. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff.
3. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.
4. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.
5. Mild osteoarthritic changes.

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6. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

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Board Certified Radiologist
Electronically Signed