

MED AID RADIOLOGY, LLC

481 NORTH 13TH STREET, NEWARK N.J. 07107, TEL:973-481-7770 FAX: 973-481-7755

PATIENT NAME: MALDONADO, JASON
DATE OF BIRTH: 07/26/1987
MRN #: M18466
DATE OF SERVICE: 03/09/2022
REFERRING PHYSICIAN: COLIN CLARKE, MD

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

INDICATION: MVA; right shoulder pain; assess for RCT.

Technique: Exam is performed utilizing fast spin echo, coronal oblique, sagittal oblique, and axial imaging as well as gradient echo axial image.

Comparison: No prior studies were available for comparison at the time of dictation.

Findings: AC joint arthrosis with erosive changes on both sides of the joint. Joint effusion. No narrowing of the supraspinatus outlet. No narrowing of the humeroacromial interval.

Infraspinatus tendon is intact. Traction edema in the humeral head with 2-mm cyst. No fracture, muscle atrophy or tear.

Supraspinatus is intact. No muscle atrophy or tear.

Biceps is intact. Tendinopathy. Tenosynovitis.

Subscapularis is intact. No muscle atrophy or tear.

Posterior inferior labrum nondisplaced tear. Anterior inferior labrum is intact. Superior labrum fraying with subtle tear suspected. 5-mm posterior superior labral cyst.

Anterior capsular thickening. Posterior capsule is intact.

No fracture, dislocation or erosion. Joint effusion.

Impression:

- 1. Posterior inferior labral tear. Superior labral tear with 5-mm posterior superior labral cyst.**
- 2. Capsular thickening which can be seen with adhesive capsulitis.**
- 3. AC joint arthrosis with no rotator cuff tear.**
- 4. Biceps tendinopathy and tenosynovitis.**

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

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Mark Decker, M.D., D.A.B.R.
Musculoskeletal and Spine Specialist

Signed by MARK J. DECKER, MD at 03/12/2022 11:19:14 PM