



170-10 Cedarcroft Road, Jamaica, NY 11432  
Tel: 718-206-1000 | Fax: 718-532-0633

PATIENT:	HIGGINS, AJANE FABIAN	EXAM DATE:	07/28/2022 3:02:PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	AJAH70242
DOB:	07/23/1988	REFERRING PHYSICIAN:	Kim, Stanley Sangwook
CLINICAL HISTORY:	Pain rt. shoulder after mva	GENDER:	M

#### MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Pain right shoulder after motor vehicle accident.

TECHNIQUE: Multiplanar, multi-sequence MRI of the right shoulder was performed without intravenous contrast.

COMPARISON: None available.

#### FINDINGS:

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

#### ROTATOR CUFF:

SUPRASPINATUS: The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

INFRASPINATUS: The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: No fluid in subacromial-subdeltoid bursa to suggest bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

ACJOINT: Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.



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**BICEPS TENDON:** There is tenosynovitis of the extra articular long head of the biceps tendon.

**LABRUM/LIGAMENTS:** No labral tear or ligament abnormalities.

**CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL:** Rotator interval is normal.

**GLENOHUMERAL CARTILAGE:** Intact articular cartilage.

**SYNOVIUM/JOINT FLUID:** No joint effusion or synovial thickening.

**NEUROVASCULAR STRUCTURES:** Normal in course and caliber.

**PERIPHERAL SOFT TISSUES:** Normal.

**IMPRESSION:**

1. Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.
2. Tenosynovitis of the extra articular long head of the biceps tendon.

Digitally Signed By: Imam, Naiyer  
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