



OCEAN RADIOLOGY

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PATIENT: AKMAL MIRZAEV
DOB: 09/25/1978
PHYSICIAN: Upendra Sinha
EXAM DATE: 10/09/2020

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, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The rotator cuff tendons including the supraspinatus, 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 is no joint effusion. There are no masses or fluid collections associated with the glenohumeral joint.

The distal subscapularis tendon is thickened with heterogeneously increased signal consistent with a partial tear, in combination with tendinosis/tendinopathy. Low lying acromion with impingement of rotator cuff, in an appropriate clinical setting. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.

IMPRESSION:

1. Distal subscapularis tendon is thickened with heterogeneously increased signal consistent with a partial tear, in combination with tendinosis/tendinopathy.
2. Low lying acromion with impingement of rotator cuff, in an appropriate clinical setting.
3. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.

Electronically Signed - STEVEN B. LOSIK, MD 10/13/20 11:46

Steve B. Losik M.D.