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| To: | Davis, Gordon | Patient Name: | Camillen, Francia |
| Exam: | MRI RIGHT SHOULDER | DOB: | 06/14/1967 |
| Exam Date: | 11/01/2022 11:24 AM | Gender: | F |
| Accession: | 34470 | MRN: | CamF7465 |

RIGHT SHOULDER MRI WITHOUT CONTRAST

HISTORY: Right shoulder pain status post motor vehicle accident

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

COMPARISON: None available.

FINDINGS:

ROTATOR CUFF: There is a high-grade partial tear at the attachment of the infraspinatus tendon with a predominantly interstitial component. There is supraspinatus and infraspinatus tendinitis. The subscapularis and teres minor tendons are intact.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: There is mild acromioclavicular joint disease. There is increased intrinsic signal of the acromioclavicular joint capsule consistent with sprain sequelae. There is thickening of the coracoacromial ligament which contributes throughout the cuff impingement. There is thickening and edema of the subdeltoid/subacromial bursa with trace bursal fluid in keeping with bursitis.

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

LABRUM/LIGAMENTS: No labral tear.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: There is a glenohumeral joint effusion.

MARROW: Normal marrow signal.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

High-grade partial tear at the attachment of the infraspinatus tendon superimposed on infraspinatus and supraspinatus tendinitis. Associated subdeltoid/subacromial bursitis.



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Evidence of rotator cuff impingement secondary to thickening of the coracoacromial ligament.

Acromioclavicular joint capsule sprain sequelae.

Tenosynovitis of the extra articular long head of the biceps tendon.

Glenohumeral joint effusion.

Electronically Signed by: Borukhov, David MD on 11/02/2022 10:01 AM