

All County, LLC

Diagnostic Radiology

Article 28 Diagnostic & Treatment Center

Cert. No. 7003267R

09/22/22

Jean-Pierre Barakat, MD
4014A Boston Road
Bronx, NY 10475
Fax #:(347) 346-6581

Re: Gerald Scott Jr. Tarrant
DOB: 10/05/1995
Pt. Tel#
Patient#: 301966

Dear Dr. Barakat:

MRI OF THE RIGHT SHOULDER

Multiplanar, multisequence, multiecho MRI examination was performed through the right shoulder without intravenous contrast using a low field MRI.

The humeral head is mildly superiorly positioned in relationship to the glenoid. The glenohumeral joint appears intact.

There is a mostly straight, slightly laterally downsloping acromion process with minimal hypertrophic changes of the acromioclavicular joint.

There is a Hill Sachs impaction fracture without residual edema. There is no acute fracture, suspicious intrinsic lesion, or evidence of avascular necrosis.

There is a partial tear of the supraspinatus tendon favoring the anterior fibers by the footprint without retraction. There is a partial tear of the infraspinatus tendon favoring the articular surface and footprint without retraction. The teres minor and subscapularis tendons appear intact as does the long head of the biceps tendon.

The muscles are unremarkable.

There is no significant joint effusion. There is a 1.3 cm intraarticular body in the axillary recess and slightly more inferiorly an additional 9 mm in maximal diameter intraarticular body. There appears to be a third 6 mm intraarticular body slightly more superiorly in the axillary recess. If indicated correlation with x-ray or CT is recommended.

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MRI OF THE RIGHT SHOULDER

There is a mild amount fluid/synovitis of the subacromial or subdeltoid bursa.

No labral tears are appreciated on these images.

IMPRESSION:

1. Humeral head mildly superiorly positioned in relationship to the glenoid.
2. Intraarticular bodies noted in the axillary recess, with at least 3 present. The largest measures 1.3 cm in maximal diameter.
3. Mild amount of fluid/synovitis of the subacromial and subdeltoid bursa.
4. Hill Sachs impaction fracture of the superolateral aspect of the humeral head without acute edema.
5. Partial tear of the distal supraspinatus tendon favoring the anterior fibers by the footprint.
6. Partial tear of the infraspinatus tendon favoring the articular surface and footprint without retraction.
7. No labral tears appreciated.

Thank you for this referral.

John Himelfarb, MD

ALL COUNTY, LLC

T: 09/23/2022 8:43 PM
JH/PM

Electronically approved by: John Himelfarb, MD Date: 09/26/22 16:07

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