

MED AID RADIOLOGY, LLC

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

PATIENT NAME: JIMENEZ-GARCIA, KATTY
DATE OF BIRTH: 05/31/1977
MRN #: M18884
DATE OF SERVICE: 03/19/2022
REFERRING PHYSICIAN: COLIN CLARKE, MD

<Addendum Signed by MARK J. DECKER, MD at 03/28/2022 05:03:44 PM

This report is being amended to reflect the correct patient's name Jimenez-Garcia, Katty.

Addendum End>

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 hypertrophy. No separation. No lateral sloping of the acromion. Inferior curvature with narrowing of supraspinatus outlet. No narrowing of the humeroacromial interval.

Infraspinatus tendinopathy. 2-mm cyst in the humeral head with no fracture. No muscle atrophy or tear.

Supraspinatus tendinopathy. No muscle atrophy or tear.

Biceps is intact in the groove and at the anchor. No tenosynovitis.

Subscapularis is intact. No muscle atrophy or tear.

Anterior capsular thickening. Posterior capsular thickening.

Joint effusion. No fracture. No dislocation. No erosion.

Inferior labrum is intact. Superior labral fraying.

Enlarged axillary lymphadenopathy.

Impression:

- 1. Superior labral fraying.**
- 2. Capsular thickening which can be seen with adhesive capsulitis.**
- 3. AC joint arthrosis. Rotator cuff tendinopathy.**
- 4. Enlarged axillary lymph nodes which are nonspecific. This should be correlated with patient's clinical history and laboratory values.**

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



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

Signed by MARK J. DECKER, MD at 03/23/2022 01:11:29 PM

Amended by MARK J. DECKER, MD at 03/28/2022 05:03:44 PM