New York Medical & Diagnostic Care P.C. 204-16 Hillside Avenue Hollis, NY 11423 718-740-9200/718-740-9211 FAX

PATIENT NAME:

Henriquez, Cynthia

2/13/80

DATE OF BIRTH:

REFERRING PHYSICIAN: Dr. Stanley Kim

DATE OF EXAM:

7/13/22

MRI OF THE RIGHT SHOULDER:

TECHNIOUE: Coronal oblique and axial images of the right shoulder were performed using spin echo and gradient pulse sequences.

CLINICAL HISTORY: Shoulder pain.

FINDINGS: The AC and glenohumeral joints are intact. Impingement is noted. The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in size without evidence of atrophy or fatty infiltration. The tendons of the rotator cuff reveal cuff tendinosis/tendonitis supraspinatus and infraspinatus tendons. The subscapularis and the teres minor tendons are intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

There is no subacromial/subdeltoid glenohumeral joint effusion.

The biceps tendon is hypoplastic. There is anterior and posterior labral hypoplasia. There is sublabral recess. The marrow signal is homogeneous. No subluxations are identified.

IMPRESSION:

- 1. Impingement.
- 2. The biceps tendon is hypoplastic. Anterior and posterior labral hypoplasia. Sublabral recess.
- 3. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament
- 4. Cuff tendinosis/tendonitis of the supraspinatus and infraspinatus portions of the

Thank you for the courtesy of this consultation.

Calento D-Soloma MO

Robert D. Solomon, M.D.

Board Certified Radiologist