

Community Medical Imaging

ACR Accredited Facility
159-16 Union Tpke • Fresh Meadows, NY 11366
Tel: 718-275-1010 • Fax: 718-591-3300

PERVAIZ QURESHI, M.D. 79-09 B NORTHERN BLVD JACKSON HEIGHTS, NY 11372

PATIENT: HELLEAN JONES

DOB: 01/02/1964 DOS: 02/23/2022 CHART #: 24604

EXAM: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Superior pain.

TECHNIQUE: Multiplanar MR imaging of the right shoulder was performed without contrast on Hitachi open MRI unit.

Coronal T1, T2 and STIR; Sagittal T2; Axial PD and gradient echo images of the shoulder were obtained.

COMPARISON: None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

FINDINGS: Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. An articular surface tear is seen anteriorly at the supraspinatus tendon. There is no attenuation.

The teres minor tendon is unremarkable. There is attenuation and partial-thickness tear of the subscapularis tendon with slight laxity seen on image #10 of series #2.

Small joint effusion is seen.

There is no muscular atrophy or injury. There is a type I acromion. There is no impingement.

The glenoid is unremarkable. There is no subluxation.

There is no fracture. There is no bone bruise. There is no osteochondral defect.

The superior labrum and biceps anchor are unremarkable. There is no biceps tendon tear or tenosynovitis. The transverse humeral ligament is unremarkable.

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The anterior and posterior labra are intact.

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There is no hematoma or seroma. There is no AC separation.

IMPRESSION:

1. AN ARTICULAR SURFACE TEAR IS NOTED ANTERIORLY OF THE SUPRASPINATUS TENDON, AS NOTED. THERE IS NO IMPINGEMENT. THERE IS NO FRACTURE.

2. TENDINITIS CHANGES ARE SEEN AT THE SUPRASPINATUS AND INFRASPINATUS TENDONS, AS NOTED.

3. A PARTIAL-THICKNESS TEAR IS SEEN AT THE SUBSCAPULARIS TENDON WITH LAXITY. THE JOINT EFFUSION IS SEEN WITHOUT EVIDENCE OF A LOOSE BODY.

Thank you for referring this patient to us.

Andrew McDonnell, MD

Neuroradiologist

Diplomate, American Board of Radiology

AM/man/pr D: 02/23/2022

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E-Sig By A. McDonnell, MD on 02/24/2022 06:54:06