



Westchester Radiology & Imaging, PC

933 Saw. Mill River Road

Ardley, NY 10502

Phone: 914-740-1188 Fax: 914-478-0303

PATIENT: BALERIO, CATHERINE  
DOB: 11/14/2006  
PHYSICIAN: DR. MATHEW  
EXAM DATE: 05/18/2022

## MRI OF THE RIGHT SHOULDER

**INDICATION:** Pain.

**TECHNIQUE:** Multiple T1 and T2 weighted MRI images of the right shoulder were obtained in the axial, sagittal and coronal planes without intravenous or intraarticular contrast.

**FINDINGS:** Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid.

The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The rotator cuff tendons including the supraspinatus, subscapularis, infraspinatus and teres minor are intact without MRI evidence of a tear or tendinosis/tendinopathy. The biceps tendon is situated within the bicipital groove and its attachment to the superior labrum is intact. The glenoid labrum is grossly intact. There are no masses or fluid collections associated with the glenohumeral joint.

Fluid in the long head of the biceps tendon sheath, consistent with tenosynovitis. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting. Edema in the distal clavicle and adjacent acromion with in the acromioclavicular joint, consistent with recent trauma.

### IMPRESSION:

1. Fluid in the long head of the biceps tendon sheath, consistent with tenosynovitis.
2. Mild joint effusion consistent with recent trauma or synovitis. in an appropriate clinical setting.



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3. Edema in the distal clavicle and adjacent acromion with in the acromioclavicular joint, consistent with recent trauma.

*Steve B. Losik M.D.*

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Steve B. Losik, M.D.  
Board Certified Radiologist  
Electronically Signed