



30-80 31st Street, Astoria, NY 11102
Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:	AMPARO, JOSE	EXAM DATE:	07/16/2022 10:39 AM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	AMPJ71311
DOB:	01/03/1960	REFERRING PHYSICIAN:	Qureshi, Adnan
CLINICAL HISTORY	C/O RT SHOULDER PAIN DUE TO	GENDER	M

MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Complains of right shoulder pain due to accident.

TECHNIQUE: Multiplanar, multi-sequence MRI of the right shoulder was performed without intravenous contrast.

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

ROTATOR CUFF:

SUPRASPINATUS: There is a partial-thickness bursal surface tear of the supraspinatus tendon. No tendon retraction is found. No skeletal muscle atrophy is seen.

INFRASPINATUS: The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

MUSCLES: No muscle edema or fatty muscle atrophy.



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AC JOINT: AC joint hypertrophy may contribute to rotator cuff impingement.

BICEPS TENDON: There is tenosynovitis of the extra articular long head of the biceps tendon.

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator interval is normal.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

1. Partial-thickness bursal surface tear of the supraspinatus tendon.
2. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
3. AC joint hypertrophy may contribute to rotator cuff impingement.
4. Tenosynovitis of the extra articular long head of the biceps tendon.

Digitally Signed By: Imam, Naiyer



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