National Diagnostic IMAGING

NAME:
REF. PHYSICIAN:
DATE OF BIRTH:
EXAM: Upper Ext.^Shoulder STATRIGHT
CLINICAL HISTORY: RCT, BIS

PATIENT NUMBER:
STUDY DATE: 3/27/2015
GENDER: M

HISTORY: Rotator cuff tear

COMPARISON: None

TECHNIQUE: Magnetic resonance imaging of the RIGHT shoulder was performed with coronal T1, proton-density and STIR, sagittal T2 and axial T2-weighted images. The exam is limited by patient motion.

FINDINGS:
There is moderate tendinosis of the supraspinatus tendon with possible perforation centrally proximal to the insertion, series 4 image 12-13, series 6 image 8, second chronic partial tear-volume loss at the musculotendinous junction, a site acromioclavicular arthrosis and subarticular impingement, series 4 image 12, series 6 image 11, with otherwise normal muscle mass.
There is mild/moderate tendinosis of the infraspinatus tendon with long segment partial articular surface tear centrally and caudally at the insertion, series 4 image 7-9, series 6 image 7-T12, extending into the muscle with chronic volume loss-fatty infiltration, series 6 image 18 consistent with a chronic partial tear. No hematoma.
The subscapularis and teres minor are normal.

The labrum is mildly degenerated but intact. No tear. There is normal glenohumeral articulation and at rest.

There are mild to moderate reciprocal acromioclavicular arthrosis changes, with subarticular and anterolateral acromial impingement and a slightly downward sloping type III acromion with undersurface osteophyte. It is marrow edema-cyst formation of the humeral head laterally, possibly reciprocal impaction with the acromion. Marrow signal elsewhere is normal.

There is a minor effusion with extension to the subdeltoid and subcoracoid bursae. The long head of the biceps tendon is surrounded by fluid but appears normal beyond the genu representing tenosynovitis.

No additional tear or hematoma. No mass or collection.

IMPRESSION:
Supraspinatus tendinosis with possible perforation centrally proximal to the insertion, second chronic partial tear-volume loss at the musculotendinous junction, a site acromioclavicular arthrosis with subarticular impingement.
Infraspinatus tendinosis with long segment partial articular surface tear extending into the muscle of chronic muscle tear-atrophy. No hematoma.

Labral degeneration without tear.

Acromioclavicular arthrosis with subarticular and anterolateral acromial impingement.

Bicipital tenosynovitis.

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