

IMAGING REPORT

Patient name: Susan M Neuhart
DOB: 5/10/1954
MRN: 321040
Exam: MRI UPPER EXTREMITY JOINT WITHOUT RIGHT
Date of exam: 10/23/2017 2:24 PM
Referring Physician: Julie Z Shott
Facility: MCEP

MRI UPPER EXTREMITY JOINT WITHOUT RIGHT

Date Of Service: 10/23/2017 2:24 PM

MRI of the RIGHT Shoulder

Reason for exam:
SUPERIOR SHOULDER MUSCLE PAIN AFTER YOGA EXERCISES-NO PREV-NO SURGERY
OF RT SHOULDER

Comparison: None

Technique: Standard sequences were obtained in the axial, coronal oblique and sagittal oblique planes.

GLENOHUMERAL JOINT/CAPSULE/LABRAL COMPLEX:

Anterior labroligamentous complex: Normal anterior labroligamentous complex without labral tear or osseous Bankart lesion. Type II capsular insertion.

Posterior labroligamentous complex: Normal, with no evidence of injury.

Superior labrum: Normal, with no evidence of tear or paralabral cyst.

Inferior labroligamentous complex: Normal inferior labroligamentous complex. Normal axillary pouch thickness without secondary signs of adhesive capsulitis.

CORACOACROMIAL ARCH EVALUATION AND IMPINGEMENT FACTORS:

Lateral downsloping of the acromion. AC joint arthrosis with capsular hypertrophy but projects superiorly and does not really contribute to impingement the acromion is essentially type I shape with flat undersurface. No anterior sloping. No os acromiale or thickening of the coracoacromial ligament. Some subacromial bursal fluid and subdeltoid bursal fluid and fluid in the subcoracoacromial recess region with ganglionic expansion.

No subcoracoid impingement.

LONG BICIPITAL TENDON:

Normal long bicipital tendon within the bicipital groove without subluxation under the transverse humeral ligament, attenuation or tearing. Normal intracapsular segment with normal reflective pulley.

Minimal inflammation in the rotator interval.

ROTATOR CUFF:

Teres minor tendon: Normal teres minor tendon without tendonosis, surface fraying or focal tear. Normal teres minor muscle without edema or atrophy.

Subscapularis tendon: Tendinopathy with some partial interstitial tearing. No surface communicating tear. Normal muscle.

Infraspinatus tendon: Tendinopathy with some minor cystic change around the musculotendinous junction shown. No surface communicating tear. No muscular atrophy.

Supraspinatus tendon: Full-thickness tear with fair edge quality. Transverse gap from tendon edge to attachment site is about 2 cm. The tear begins at the anterior leading edge and the complex extends back posteriorly for about 1.7 cm in AP diameter. The supraspinatus muscle shows no atrophy. Some minimal cystic change at the musculotendinous junction.

MARROW: No fracture or infiltration. No ischemia. No high-grade chondromalacia. Some pseudocystic changes are seen in the greater tuberosity. There is a focus of grade IV chondromalacia with geode formation involving the humeral head at the 3:00 position.

MISCELLANEOUS:

Normal coracoclavicular ligament including trapezoidal and conoid components.

Normal deltoid muscle including anterior, middle, and posterior bundles without edema or atrophy. Normal trapezius and teres major muscles.

There are no soft tissue masses. Normal subcutaneous adipose space. Normal quadrilateral space. Normal visualized brachial plexus.

Moderate-sized glenohumeral joint effusion. Subscapularis and subcoracoid bursal fluid. No loose bodies.

IMPRESSION:

1. Full-thickness tear of the supraspinatus tendon with fair edge quality. See above for further details. No muscular atrophy. Mild cystic change at the musculotendinous junction.
2. Subscapularis and infraspinatus tendinopathy as described without surface communicating tear.
3. Synovitis.
4. Subacromial impingement factors as discussed with overall mild to moderate impingement.
5. Grade IV chondromalacia of the humeral head.

Finalized by J. Keith Bidwell, MD on 10/24/2017 10:52 AM
Kettering Network Radiologists Inc.
Images obtained at:MCEP

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