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**EXAM DATE:** 11/24/2008

**PATIENT NAME:** [REDACTED]

**PATIENT ID:** [REDACTED]

**LOCATION:** BIO MAGNETIC RESONANCE INC.

**SEX:** F  
**DOB:** 10/02/1955

**REFERRING PHYSICIAN:** [REDACTED]

**EXAMINATION:** RIGHT SHOULDER MRI

FINAL REPORT

**CLINICAL HISTORY:**

Shoulder pain. Assess rotator cuff tear.

**MR IMAGING PROTOCOL:**

Axial plane 2D T2\* weighted gradient echo, sagittal plane 2D T2 weighted fast spin echo with fat saturation, coronal plane 2D T1 weighted spin echo, and sagittal plane 2D-spin density, T2 weighted spin echo sequences.

**MR FINDINGS:**

The supraspinatus portion of the rotator cuff tendon demonstrates changes of tendinopathy with 1.0cm full-thickness tear adjacent to the rotator cuff interval. Thickening and increased T2 signal is also observed in the subscapularis tendon, which may represent changes of tendonitis or partial tear. The infraspinatus tendon appears intact. Tiny reactive cystic degenerative change posterolateral aspect of the humeral head. The glenohumeral relationship is maintained with satisfactory appearance to the articular cartilage and the glenoid labrum. No significant muscle atrophy is demonstrated. Mild osteoarthritic changes are present at the acromioclavicular joint with formation of marginal osteophytes, capsular hypertrophy and tiny subchondral cystic change in the distal clavicle. Mild lateral down-sloped morphology to the acromion process. The long head of biceps tendon is mildly thickened and has internal signal, which may represent tendonitis/partial tear. The tendon is located in the medially displaced in the bicipital groove. There is distention of tendon sleeve with fluid and thin synchia compatible with tenosynovitis. Small glenohumeral joint effusion is present. Fluid is demonstrated in the region of subacromial-subdeltoid bursa with changes of mild bursitis. The deltoid muscle and its attachment appear normal.

Dictated: Vora, Daya MD 11/25/2008 09:38 AM  
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