

# **Professional Imaging Consultants, Inc.**

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**Date of Report:** May 18, 2013

**Patient Name:** SAMPLE MRI LEFT SHLDR

**Referring Dr. / Clinic:** Jack Jones, DC

**Date of Study:** May 18, 2013

## **Radiology Report**

### **MRI OF THE LEFT SHOULDER WITHOUT CONTRAST:**

Multiplanar multisequence images were obtained without contrast.

**CLINICAL HISTORY:** 50-year-old female with left-sided shoulder pain and limited range of motion particularly in abduction. No history of recent trauma.

**COMPARISON STUDIES:** No comparison studies available.

#### **FINDINGS:**

**ACROMIOCLAVICULAR JOINT:** There is a type II configuration of the acromion process without anterior or lateral downslope. Moderate acromioclavicular arthrosis evidenced by moderate joint narrowing with mild-to-moderate marginal spurring and moderate capsular thickening inferiorly. Hypertrophic changes mildly to moderately compress the anterior superior aspect of the supraspinatus near the musculotendinous junction. Clinical correlation regarding impingement syndrome is advised. No elevation of the distal clavicle. Coracoclavicular ligaments are intact.

**ROTATOR CUFF:** Supraspinatus: High-grade partial-thickness articular surface tear involving the anterior margin of the tendon visualized on T2 coronal image number 4 and sagittal image 6. Tear measures approximately 7 mm AP diameter and 8 mm in length, involving approximately 75% of the thickness of the tendon. Supraspinatus muscle mass is maintained.

Infraspinatus muscle mass is preserved and the tendon is intact. Teres minor muscle mass is normal with an intact tendon.

Subscapularis muscle mass is maintained. No partial-thickness or full-thickness tear the tendon.

**GLENOHUMERAL JOINT:** Mild amount of fluid within the joint capsule with mild to moderate chondral thinning and mild circumferential marginal spurring at the base of the humeral head greater inferiorly. Collection of multiple small subchondral cysts at the inferior aspect of the glenoid centrally and posteriorly. Joint capsule demonstrates normal thickness and signal.

**GLENOID LABRUM:** Degenerative fraying and irregularity with degenerative intrasubstance signal involving anterior superior glenoid labrum (gradient axial image number 5). No specific labral tear identified. No para labral cyst formation.

**LONG HEAD OF THE BICEPS:** Long head of the biceps tendon is intact and is located centrally within the bicipital groove. Biceps anchor is normal.

**REGIONAL MUSCULOTENDINOUS STRUCTURES:** Remaining visualized regional musculotendinous structures are unremarkable.

**BURSAE:** Mild to moderate amount of fluid in the subacromial/subdeltoid bursa compatible with bursitis (T2 sagittal image 10 and T2 coronal image 5).

**OSSEOUS STRUCTURES:** No acute/subacute fracture or dislocation. No marrow infiltration or bone destruction.

**PERIARTICULAR SOFT TISSUES:** No periarticular soft tissue mass, cysts or fluid collection.

**NEUROVASCULAR BUNDLES:** Neurovascular bundles are normal in appearance. No masses or cysts at the spinoglenoid notch, suprascapular notch or quadrilateral space.

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SAMPLE MRI LEFT SHOULDER  
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**IMPRESSIONS:**

1. Supraspinatus Partial-Thickness Tear: High-grade partial-thickness articular surface tear at the anterior margin of the tendon at the insertion (footprint) measuring 7 mm AP diameter and 8 mm in length involving 75% or greater of the thickness of the tendon. No full-thickness tear.
2. Acromioclavicular Arthrosis: Moderate arthrosis with inferior hypertrophic changes mildly to moderately compressing the supraspinatus at the musculotendinous junction. Clinical correlation regarding impingement syndrome advised.
3. Glenohumeral Joint Effusion: Mild.
4. Glenohumeral Arthrosis: Mild to moderate.
5. Labral Degeneration: Degenerative changes anterior superior glenoid labrum. No labral tear.
6. Subacromial/Subdeltoid Bursal Fluid: Mild-to-moderate amount of fluid compatible with bursitis.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on May 18, 2013 at 18:56:26.4531250  
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