

Professional Imaging Consultants, Inc.

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Date of Report: April 25, 2013
Patient Name: SAMPLE MRI SHOULDER A
Referring Dr. / Clinic: JOHNSON CHIROPRACTIC
Date of Study: April 24, 2013

Radiology Report

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST:

Multiplanar multisequence images were obtained without contrast.

CLINICAL HISTORY: 34-year-old male. Pain with limitation of motion in the right shoulder. Motor vehicle accident 5 months ago with increasing pain since the accident.

COMPARISON STUDIES: No comparison studies available.

FINDINGS:

ACROMIOCLAVICULAR JOINT: There is type I configuration of the acromion process without anterior or lateral downslope. Mild acromioclavicular joint narrowing with mild marginal spurring and capsular hypertrophy without contacting the supraspinatus.

ROTATOR CUFF: Supraspinous muscle mass is preserved. Focal full-thickness tear involving the anterior margin of the tendon distally at the insertion measuring approximately 7 mm AP diameter and approximately 5 mm in length (T2 and T2 fat-sat coronal images 3 and 4 and sagittal image number 7). Central and posterior aspect of the supraspinatus tendon is still well-maintained without evidence of tendinosis, partial-thickness or full-thickness tear.

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: Physiologic amount of fluid within the articulation. Articular cartilage is maintained. Joint capsule is intact with a normal axillary recess.

GLENOID LABRUM: Abnormal anterior-inferior glenoid labrum evidence by focal area of increased signal through the base of the labrum accompanied by a paralabral cyst at approximately the 7:00 position. Visualized portion of the tear measures approximately 5-6 mm in length. The cyst measures proximal a 5 mm AP and width and 6 mm in craniocaudal dimension.

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 amount of fluid within the subacromial/subdeltoid bursa.

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.

IMPRESSIONS:

1. Supraspinatus Tendon Tear: Focal, full-thickness tear at the anterior margin of the supraspinatus tendon distally (footprint) measuring 7 mm AP and 5 mm in length. Remainder of the tendon is intact without evidence of tendinosis or other abnormality.

2. Labral Tear (Anterior-Inferior): Tear extending through the base of the anterior inferior glenoid labrum (7:00 position) measuring approximately 5-6 mm in length. Paralabral cyst adjacent to the tear measuring 5 mm AP and width and 6 mm in craniocaudal dimension.

CONTINUED

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SAMPLE SHOULDER MRI 1

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST:

IMPRESSIONS (CONTINUED)

3. Acromioclavicular Arthrosis: Mild arthrosis without impingement of the supraspinatus.

4. Subacromial/Subdeltoid Bursa: Mild amount of fluid within the bursa which could be secondary to the full-thickness supraspinatus tear and/or bursitis. Clinical correlation is advised.

Electronically signed by Edward J. Dailey, D.C., D.A.C.B.R on April 25, 2013 at 18:50:19.3750000

Radiologist Edward J. Dailey, D.C., Diplomate, American Chiropractic Board of Radiology dfr: