

MRI Shoulder

Sample Report

PATIENT: DOE, REGINA
DATE OF BIRTH: 1/4/1967
REFERRING PHYSICIAN: BANNER, ROSS, MD
EXAM DATE: 1/1/2013

PATIENT ID: 123456

EXAMINATION: MRI Right Shoulder

INDICATION: Right shoulder pain with limited range of motion.

TECHNIQUE: Magnetic resonance imaging of the right shoulder joint is submitted having been acquired in the dedicated shoulder joint coil with standard protocol using sagittal, coronal and axial T1, T2, Stir and/or GE sequences without IV contrast. Exam performed on 1.5 Tesla MRI system.

COMPARISON: None

FINDINGS: Biceps mechanism: The long head of the biceps tendon resides in the bicipital groove, and is contained by the transverse humeral ligament. Intra-articular course of the long head of the biceps tendon is uncomplicated. A SLAP lesion is not identified. The short head of the biceps tendon engages the coracoid process of the scapula appropriately.

Labrum: The anterior and posterior cartilaginous labral tissue aligned appropriately. A slight irregularity of the posterior labral tissue at the 9 o'clock position present with some undermining of fluid signal. There is no peri-labral ganglion formation. There is no labral displacement.

Rotator cuff: Minor edema is present within the cephalad-most fibers of the subscapularis tendon, near the lesser tuberosity engagement. The supraspinatus, infraspinatus, teres minor muscles and tendons are intact.

Osseous analysis: There is minimal fluid located within the AC joint and minor edema present within the distal clavicle and the acromion process. There is mild AC joint hypertrophic osteoarthropathy. The acromion process is congruent with the humeral head. The arch ligaments are intact. Bone cortical and marrow signal intensity appropriate. Periarticular soft tissues: Negative.

IMPRESSION:

1. Minor subscapularis insertional tendinopathy.
2. AC joint hypertrophic osteoarthropathy .
3. Minor fraying of the 9 o'clock position of the posterior labral tissue.

Electronically Signed/Dated By . . .