

NAME: XXXXXXXX
DOB: 07/29/1929
REFERRING: XXXXXXXX

MRN: 10971
Exam Date: 02/28/2012

PROCEDURE: MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

COMPARISON: None.

HISTORY: Injury to the right shoulder one month ago while pulling a heavy object. The patient felt pain that has increased very fast in the last few days with marked limitation of range of motion in that shoulder.

TECHNIQUE: Multi-sequence/multiplanar MRI of the right shoulder was obtained without intravenous contrast.

FINDINGS: The examination is limited secondary to patient motion. There is an impaction fracture of the medial aspect of the humeral head predominantly involving the mid to posterior portion of the articular surface. There is also bone marrow edema within the anteroinferior glenoid. The findings are compatible with impaction fractures likely related from recent anterior glenohumeral subluxation or dislocation. The location of the impaction fracture is not characteristic for that of a Hill-Sachs fracture; however, the location along with the accompanying bone marrow edema in the anteroinferior glenoid suggests recent glenohumeral dislocation. The glenohumeral relationship is normal on the current examination and there is a moderate size joint effusion. There is no definite displaced fracture of the anteroinferior glenoid to suggest a Bankart fracture. However, there is a bone contusion at that location.

There is a focal full-thickness tear of the distal anterior supraspinatus tendon which measures 5mm x 5mm. A small amount of fluid is present in the subacromial-subdeltoid bursa. The supraspinatus and infraspinatus tendons demonstrate moderate tendinopathy. The subscapularis and teres minor tendons are grossly intact. There is no muscle strain or muscle atrophy. The patient has a type 3 acromion. There is moderate AC joint osteoarthritis with hypertrophic change and a mildly lateral downsloping acromion resulting in mild impingement.

The labral is remarkable for degeneration of the anterior and superior labrum. There is no definite evidence of a SLAP lesion or paralabral cyst. The anteroinferior labrum demonstrates signal alteration and underlying nonosseous Bankart lesion cannot be excluded. The long head of the biceps tendon is grossly intact. There is no bicipital tendon rupture or subluxation. There is no mass within the spinoglenoid notch or quadrilateral space.

CONCLUSION:

- 1. Limited examination due to patient motion. There is an impaction fracture of the posteromedial humeral head involving the articular surface with bone marrow edema in the anteroinferior glenoid and signal alteration in the anteroinferior labrum. This constellation of finding is compatible with a recent glenohumeral dislocation/subluxation, although the bone marrow edema pattern is somewhat atypical. The patient does give a history of injury one month ago and the findings are compatible with the clinical scenario.**

NAME: XXXXXXXX
DOB: 07/29/1929
REFERRING: XXXXXXXX

MRN: 10971
Exam Date: 02/28/2012

2. **A 5 x 5mm full-thickness supraspinatus tendon tear with moderate underlying supraspinatus and infraspinatus tendinopathy and mild impingement related to moderate AC joint arthropathy with hypertrophic change as well as a lateral downsloping acromion which is type 3 in morphology.**
3. **Small joint effusion with a small amount of fluid in the subacromial-subdeltoid bursa.**
4. **Signal alteration in the anteroinferior labrum. An underlying nonosseous Bankart lesion cannot be excluded. There is also degeneration in the superior labrum. No detached labral tear is seen nor there is evidence of a paralabral cyst.**

Dated and Electronically signed by XXXXXXXX, M.D.

Date signed: 03/01/2012

JOB#: 40004260
SF: med: mk
DD: 02/29/2012
DT: 03/01/2012

SEPP: 40356_0_509_154_MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST