

## **DIAGNOSTIC X-RAY CONSULTATION SERVICES®**

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Patient's Name: XXXXX XXXXX, D. C.

Referred by: Dr. X XXXXXXX

Examination: Right shoulder MRI.

Date Taken: 2/5/16

Date of Report: 2/5/16

Patient's Complaint: Chronic right shoulder pain

Patient's History: No recent trauma reported.

Protocol: Coronal T1-weighted, T2-weighted, STIR, axial gradient echo and sagittal T2-weighted right shoulder images were obtained in the weightbearing posture.

### Findings:

MRI examination of the right shoulder reveals marrow signal intensity be unremarkable without evidence of acute fracture or bony contusion. The acromioclavicular joint space is diminished and slightly edematous with bony hypertrophic changes at the superior and inferior aspects of the articular margins narrowing the subacromial arch. The glenohumeral joint space is narrowed with denuding of the articular cartilage. Bony hypertrophy is present at the medial aspect of the humeral articular surface.

The supraspinatus tendon is attenuated with adjacent fluid and a focus of signal alteration at the musculotendinous junction. The inferior margin is ragged in appearance. There is an alteration of fluid and irregular margin at the distal aspect of the subscapularis tendon (Series #102, instance #13). The subscapular bursa is fluid-filled and greatly enlarged. Fluid signal is also identified within the subdeltoid/subacromial bursa. The sheath of the long head of the biceps tendon is greatly enlarged and fluid-filled, exceeding 21 mm in transverse diameter. The sheath is attenuated and its integrity is questionable, anteromedially (series #102, instance #18). The glenoid labrum appears intact, however if a glenolabral tear is clinically suspected, magnetic resonance arthrography is recommended for a more thorough evaluation. There is fluid signal within the glenohumeral joint cavity

### Impressions:

1. Degenerative changes at the acromioclavicular articulation with fluid signal and bony hypertrophic changes narrowing the subacromial arch.
2. Narrowing of the glenohumeral joint with denuding of the articular cartilage and bony hypertrophy as described.

XXXXXX XXXXXX, (Cont'd)

Dr. X XXXXXXX

2/5/16

Findings, Cont'd:

3. Grossly enlarged and fluid-filled subscapular bursa.
4. Fluid within the subdeltoid/subacromial bursa.
5. Alteration of signal at the musculotendinous junction of the supraspinatus with attenuation and an irregular inferior margin compatible with a partial thickness tear.
6. Alteration of fluid and irregular margin at the distal aspect of the subscapularis tendon suggesting a partial thickness tear.
7. Gross enlargement of the long head of the biceps tendon sheath with edema, compatible with peritendinitis. Structural integrity of the sheath is questionable distal to the subscapularis tendon.
8. Fluid signal within the glenohumeral joint cavity.

  
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