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STATEN ISLAND UNIVERSITY HOSPITAL, BUSINESS CENTER  
1 EDGEWATER PLAZA, STATEN ISLAND, NEW YORK 10305

**Patient Name:** MAGALONG, ROLANDO  
**DOB:** 03/29/1954  
**Patient ID:** 000731781  
**Account:** 013562169  
**Patient Location:** XPA-RADIOLOGY-NORTH - R1 x9190

**Accession:** 14783473  
**Procedure:** MRI SHOULDER RIGHT NON-CONTRAST 280-6074  
**Date of Exam:** 06/04/2012 12:12 PM  
**Attending Physician:** ANTHONY ALASTRA  
**Requesting Physician:** ANTHONY ALASTRA

Clinical History / Reason for exam: Arthritis, pain.

Comparison is made to right shoulder x-ray May 30, 2012.

Technique: Axial proton density fat sat with repetition, coronal T1, coronal STIR, sagittal STIR, sagittal proton density non-fat sat and repeated coronal T1-weighted images are submitted for review.

**Findings:**

Subscapularis demonstrates a partial tear of the articular surface fibers without large retraction. There is inflammatory change and partial tear of the long head of biceps tendon superimposed on tendinosis. Biceps labral anchor demonstrates attenuation with stretching consistent with a partial tear.

Supraspinatus demonstrates insertional tendinosis with articular and bursal surface fraying.

Muscles of rotator cuff demonstrate mild teres minor atrophy. The remaining muscles demonstrate no loss of muscle bulk.

Bony structures demonstrate mild subchondral bone marrow edema along the lateral humeral head with sclerosis at the greater tuberosity. There is moderate posterior glenohumeral degenerative change with subchondral cyst on the glenoid side measuring 6 mm.

Labrum demonstrates degenerative labral tear of the posterior labrum from at least 6 to 12 o'clock position. The anterior/inferior labrum is grossly intact.

AC joint demonstrates hypertrophy which narrows the subacromial space. There is thickening of the coracohumeral ligament.

There is a small glenohumeral joint effusion. There is no subacromial subdeltoid bursitis. Tenosynovitis distends the biceps tendon sheath.

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Impression:

Intracapsular partial tear long head of biceps tendon with subscapularis non-retracted partial tear.

Supraspinatus insertional attenuation with articular and bursal surface fraying.

Moderate glenohumeral degenerative change with long posterior degenerative labral tear from 6 to 12 o'clock position.

Thank you for the courtesy of this consult.

Sincerely,

Marlena Jbara, M.D.

rfert 6/4/12

Original report dictated and signed by Dr. MARLENA JBARA on 06/04/2012 04:48 PM