Virginia MRI

Alexander S. Mark, MD, Medical Director

PATIENT:	NATEGHI-ASLI, BAHA-EDDIN	**PHYSICIAN:**	BONDY, MD, HAROLD
MRN:	1596849	**EXAM:**	MR SHOULDER 73221
DOB:	02/13/1937	**DOS:**	10/04/2012

MRI OF THE LEFT SHOULDER

CLINICAL INDICATION: Shoulder pain. Question rotator cuff tear.

TECHNIQUE: Oblique coronal T1 and T2-weighted images, oblique sagittal T1 and T2-weighted images and axial T2-weighted images.

FINDINGS:

Osteoarticular structures:

The humeral head, glenoid and the glenohumeral joint are normal. There is a large superior labral tear. Severe degenerative change noted in the acromioclavicular joint, without significant impingement on the myotendinous junction of the supraspinatus tendon. There is a large glenohumeral joint effusion extending into the subacromial and subdeltoid bursa.

Tendons and ligaments:

There is a full thickness tear of the supraspinatus tendon with proximal retraction and delamination of the tendon which is now located at the level of the acromioclavicular joint. There is moderate to severe atrophy of the supraspinatus muscle.

The infraspinatus, subscapularis and biceps, and teres minor muscles are normal.

IMPRESSION:

FULL THICKNESS TEAR OF THE SUPRASPINATUS TENDON WITH PROXIMAL RETRACTION OF THE TENDON AND DELAMINATION AS DISCUSSED ABOVE. MODERATE TO SEVERE ATROPHY OF THE SUPRASPINATUS MUSCLE.

LARGE JOINT EFFUSION EXTENDING INTO THE SUBDELTOID AND SUBACROMIAL BURSA.

TEAR OF THE SUPERIOR LABRUM.

MRI OF THE RIGHT SHOULDER

CLINICAL INDICATION: Shoulder pain. Question rotator cuff tear.

TECHNIQUE: Oblique coronal T1 and T2-weighted images, oblique sagittal T1 and T2-weighted images and axial T2-weighted images.

FINDINGS:

Osteoarticular structures:

The study demonstrates mild superior subluxation of the humeral head in relationship to the glenoid secondary to multiple tears of the tendons of the rotator cuff as detailed below. There is marked hypertrophy of the acromioclavicular joint with inferior osteophyte abutting the retracted supraspinatus tendon. There is a large tear of the superior labrum. The humeral head abuts the distal acromion which is remodeled. There are mild degenerative changes in the glenohumeral joint itself. There there is a large joint effusion extending into the subdeltoid and subacromial bursa.

Tendons and ligaments:

The study demonstrates extensive tears of most of the tendons of the rotator cuff.

There is a complete tear of the supraspinatus and infraspinatus tendon with proximal retraction of the tendon to the level of the acromioclavicular joint and marked muscle atrophy. The infraspinatus tear extends into the substance of the infraspinatus.

There is a full thickness tear of the subscapularis which allows the long head of the biceps to dislocate medially into the joint outside the bicipital groove.

The teres minor remains intact. There is a hematoma in the anterior aspect of the deltoid muscle.

IMPRESSION:

VERY EXTENSIVE TEAR OF THE ROTATOR CUFF INCLUDING FULL THICKNESS TEARS OF THE SUPRASPINATUS, INFRASPINATUS AND SUBSCAPULARIS TENDONS WITH PROXIMAL RETRACTION OF THE SUPRASPINATUS AND INFRASPINATUS TENDONS, AS WELL AS MEDIAL SUBLUXATION OF THE LONG TENDON OF THE BICEPS OUTSIDE THE BICIPITAL GROOVE.

SECONDARY ELEVATION OF THE HUMERAL HEAD WHICH ABUTS AND REMODELS THE DISTAL ACROMION.

MARKED HYPERTROPHIC CHANGES IN THE ACROMIOCLAVICULAR JOINT.

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MRI OF THE LEFT HIP

CLINICAL INDICATION: Hip pain. Status post total hip arthroplasty. Question loosening or infection of the prosthesis.

TECHNIQUE: High-resolution axial, coronal and sagittal T1 and T2-weighted images were obtained through the right hip. A metal artifact reduction protocol was used.

FINDINGS: The study demonstrates mild expected susceptibility artifact worse on the acetabular side of the joint. Nevertheless, there is no evidence of a periarticular fluid collection to suggest a pseudotumor. There are large areas of myositis ossificans, the largest located in inferiorly to the prosthesis measuring approximately 8 x 3.2 x 5.6 cm, displacing laterally the psoas and iliacus muscles and potentially interfering with the tip motion. The area of myositis ossificans displaces inferiorly the femoral artery and vein.
There is a large osteophyte of the posterior rim of the acetabulum measuring approximately 2.4 x 1.1 x 6.4 cm. There is no evidence of protrusio acetabuli. There is no evidence of loosening of the femoral or acetabular component of prosthesis.

There is no evidence of a muscle tear.

IMPRESSION:

STATUS POST LEFT TOTAL HIP ARTHROPLASTY DEMONSTRATING NO EVIDENCE OF LOOSENING OR INFECTION OF THE PROSTHESIS.
NO EVIDENCE OF PERIARTICULAR PSEUDOTUMOR.
LARGE FOCUS OF MYOSITIS OSSIFICANS IN THE INFERIOR ASPECT OF THE JOINT AS DISCUSSED ABOVE FOR WHICH CORRELATION WITH PLAIN X-RAYS WOULD BE HELPFUL. THIS MAY POTENTIALLY INTERFERE WITH HIP FUNCTION AND CLINICAL CORRELATION IS RECOMMENDED.

Alexander S. Mark, MD

ent Name	Date of Birth	Gender	ID Number	ID Number Type	Address	Phone
EGHI-ASLI, A-EDDIN	02/13/1937	Male	05077867	Medical Record Number	3805 14TH ST S ARLINGTON, VA 22204	7038922019

sician Name	Date of Visit
, Teresa	10/01/2012 18:03:00

OLOGY	DXSHOR	SHOULDER RIGHT COMPLETE; MINIMUM TWO VIEWS	2903607^IDXradImagingSuite^IM^HTML EXAMINATION: Right shoulder and elbow, 7 views HISTORY: Fall FINDINGS: There is high riding humeral head with narrowed acromial humeral interval consistent with underlying rotator cuff pathology. There is no definite acute fracture or dislocation. There is moderate right AC joint and mild glenohumeral joint osteoarthritis. Visualized right upper lung field is grossly clear. No significant right elbow effusion. No acute fracture or dislocation identified. There is a well-corticated ossification along the lateral margin of the elbow consistent with a remote process. No definite focal soft tissue edema IMPRESSION: No acute fracture in the right elbow or shoulder. High riding humeral head consistent with underlying rotator cuff pathology. Osteoarthritis in the right shoulder as described http://10.10.216.50/Imagecast/Integration/ModuleLaunch/LaunchEnter.asp?UserID=EMPOWER&Password=Synapse&Debug=Y&HiRes=0&ImageViewer=Y&Mode=VIEWIMAGE&AccessionNumber=2903607	10/01/2012

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NATEGHI-ASLI, BAHA-EDDIN	02/13/1937	Male	05077867	Medical Record Number	3805 14TH ST S ARLINGTON, VA 22204	7038922019

Physician Name
Ross, Teresa

Date of Visit
10/01/2012 18:03:00

RADIOLOGY	DXELBR	ELBOW, RIGHT, COMPLETE (3 OR MORE VIEWS)	2903608^IDXradImagingSuite^IM^HTML EXAMINATION: Right shoulder and elbow, 7 views HISTORY: Fall FINDINGS: There is high riding humeral head with narrowed acromial humeral interval consistent with underlying rotator cuff pathology. There is no definite acute fracture or dislocation. There is moderate right AC joint and mild glenohumeral joint osteoarthritis. Visualized right upper lung field is grossly clear. No significant right elbow effusion. No acute fracture or dislocation identified. There is a well-corticated ossification along the lateral margin of the elbow consistent with a remote process. No definite focal soft tissue edema IMPRESSION: No acute fracture in the right elbow or shoulder. High riding humeral head consistent with underlying rotator cuff pathology. Osteoarthritis in the right shoulder as described http://10.10.216.50/Imagecast/Integration/ModuleLaunch/LaunchEnter.asp?UserID=EMPOWER&Password=Synapse&Debug=Y&HiRes=0&ImageViewer=Y&Mode=VIEWIMAGE&AccessionNumber=2903608	10/01/2012

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Physician Name
Ross, Teresa

Date of Visit
10/01/2012 18:03:00

RADIOLOGY	DXCXR2	CHEST X-RAY 2 VIEWS PA + LAT	2903606^IDXradImagingSuite^IM^HTML EXAMINATION: Chest radiographs, 2 views HISTORY: There is post fall COMPARISON: None FINDINGS: The heart size is normal. There is a remote left eighth healed rib fracture. No definite displaced acute rib fractures identified. The lungs are clear of infiltrate, pleural effusion or pneumothorax. Multilevel degenerative disc disease along the thoracic spine. IMPRESSION: No active lung disease. http://10.10.216.50/Imagecast/Integration/ModuleLaunch/LaunchEnter.asp?UserID=EMPOWER&Password=Synapse&Debug=Y&HiRes=0&ImageViewer=Y&Mode=VIEWIMAGE&AccessionNumber=2903606	10/01/2012