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Exam Date: 05/16/2023
Location: Somerset

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EXAM: MR RIGHT HUMERUS WITHOUT CONTRAST

CLINICAL INDICATION: Pain in the upper arm. Evaluate for a biceps tear.

TECHNIQUE: Magnetic resonance imaging of the right humerus was performed without intravenous contrast.

COMPARISON: No pertinent prior studies have been submitted for comparison.

FINDINGS:

BONES: Intraosseous cysts and bone marrow edema are seen within the greater tuberosity, likely related to enthesopathy. Moderate right AC joint osteoarthritis is seen with inferiorly directed osteophytes, incompletely imaged on this exam. Mild glenohumeral osteoarthritis is seen, also incompletely imaged. Bone marrow signal in the right humerus is otherwise normal.

TENDONS: Complete tear of the intra-articular portion of the long head of biceps tendon is seen with proximal tendon retraction. The torn and retracted tendon is seen situated approximately 8 cm inferior to the superior margin of the humeral head (image 20 series 16, image 22 series 11). The torn retracted tendon demonstrates moderate tendinosis with high-grade margins. Large amount of fluid is seen within the biceps tendon sheath which extends distally with intramuscular extension (image 20 series 16). There is edema within the long head of the biceps muscle belly with small amount of fluid surrounding the biceps muscle in the arm. The distal biceps tendon is partially imaged but appears to be grossly intact. The short head of the biceps tendon proximally is intact.

Full-thickness, near full width tear of the supraspinatus tendon is seen with approximately 1.5 cm tendon retraction (image 19 series 16, image 14 series 17), partially imaged. Subscapularis tendinosis with partial-thickness articular surface and delaminating tear is suspected involving the superior fibers (images 9-10 series 17).

MUSCLES: Edema is seen within the long head of the biceps muscle belly in the arm as discussed above. There is mild fatty atrophy of the deltoid muscle.

SUBCUTANEOUS TISSUES: Reactive edema is seen surrounding the long head of the biceps muscle and tendon.

VISUALIZED LUNGS/OTHER: No other significant abnormality seen.

IMPRESSION:

Right humerus MRI demonstrates:

Findings most consistent with complete tear of the proximal long head of the biceps tendon with significant (approximately 8 cm) tendon retraction. This is superimposed on moderate tendinosis. Fluid tracks from the long head of the biceps tendon sheath into the muscle belly with reactive grade 1 muscle strain.

Full-thickness, near full width tear of the supraspinatus tendon with tendon retraction. Partial-thickness tear of the subscapularis tendon. These findings are partially imaged and would be better assessed with a dedicated MRI of the right



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shoulder as clinically warranted.

Moderate right AC joint and mild right glenohumeral osteoarthritis, also partially imaged.

Thank you for the courtesy of this referral.
Electronic access to images available to referring providers online.
APPROVED BY: Tejas Shinde MD 5/21/2023 12:22 PM

Medical professionals may call 732-234-7777 to speak with a radiologist.