

INDICATION: Patient had a fall and rotator cuff repair two months prior to this examination, now complaining of persistent pain and limited range of motion.

TECHNIQUE: Axial gradient echo, proton density fat-suppressed, coronal proton density, T2 fat-suppressed, axial T2, and sagittal proton density fat-suppressed images of the right shoulder were performed on the 1.5 Tesla magnet.

FINDINGS: There are surgical screws in the superolateral humeral head for a prior rotator cuff tendon-to-bone repair. There is increased signal intensity throughout the repaired supraspinatus and infraspinatus tendons consistent with normal postsurgical changes this far out post repair. Attenuation of the tendon more medially in the central to posterior supraspinatus tendon is favored to be related to the quality of the repaired tendon. No re-tear. No tendon retraction.

Mild degeneration and degenerative tearing of the posterosuperior labrum. No labral detachment.

Small marginal osteophyte formation off the medial humeral head/neck junction. Very slight low-grade chondromalacia along the central inferior glenoid and minimally along the anteromedial humeral head inferiorly. The remaining articular surfaces are intact. The humeral head is located in anatomic position.

There is some mild thickening of the glenohumeral joint capsule anteroinferiorly; however, the majority of the capsule is normal in caliber without periligamentous edema. This could reflect mild capsulitis.

Moderate to severe biceps tendinosis both intraarticular and more severely extraarticular with high-grade intrasubstance tearing involving at least 80% of the tendon thickness in the proximal intertrabecular groove over an area measuring approximately 2 cm in length. Moderate surrounding tenosynovitis. No tendon subluxation.

Questionable attenuation of the acromion consistent with a subacromial decompression. There has likely been resection of osseous spurs along the undersurface of the acromioclavicular joint. No recurrent impingement. No subacromial/subdeltoid bursitis.

No acute fracture or bone marrow contusion. Moderate synovitis in the glenohumeral joint.

The deltoid tendon slip is intact. No postoperative fluid collection.

Moderate glenohumeral joint effusion with synovitis.

IMPRESSION:

1. Evidence of a rotator cuff tendon-to-bone repair with normal postsurgical change of the repaired rotator cuff tendon complex. No re-tear.
2. Moderate to severe biceps tendinosis. High-grade intrasubstance tearing is noted throughout the tendon in the proximal intertubercular groove extraarticular measuring 2 cm in length and involving up to 80% of the tendon thickness in cross-sectional diameter. Moderate surrounding tenosynovitis.
3. Mild thickening of the glenohumeral joint capsule anteriorly and inferiorly which could reflect mild capsulitis.

4. Slight low-grade chondromalacia along the glenohumeral joint and small marginal osteophyte formation consistent with mild osteoarthritis.
5. No atrophy of the rotator cuff musculature. No acute fracture, bone marrow contusion or spontaneous osteonecrosis.