INDICATION: Shoulder 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: Moderate to severe rotator cuff tendinosis involving the supraspinatus, infraspinatus and subscapularis tendons. There is some delaminating high-grade intrasubstance tearing in the anterolateral supraspinatus tendon in total measuring approximately 9 mm medial to lateral x 7 mm AP and involving greater than 80% of the tendon thickness in cross-sectional diameter. Low-grade articular surface fraying is noted along the posterior supraspinatus tendon laterally. There is a small intermediate to high-grade intrasubstance tear in the anterior infraspinatus tendon medially involving approximately 40-50% of the tendon thickness and measuring 7 mm AP x 7 mm medial to lateral. A portion of this tear may be a little bit higher-grade in character. No full-thickness or retracted rotator cuff tear. No atrophy of the rotator cuff musculature.

Type II morphology of the anterior acromion that is relatively flat with an inferolateral acromial spur still potentially predisposing to subacromial impingement. Mild/moderate acromioclavicular joint arthrosis.

Mild degenerative changes of the glenohumeral joint with low-grade chondromalacia.

Diffuse degeneration and tearing with detachment of the superior and posterior labrum consistent with a type SLAP tear. The anterior and inferior labrum are intact.

Moderate to severe biceps tendinosis without high-grade tearing or tendon subluxation. Mild surrounding tenosynovitis.

Moderate glenohumeral capsulitis. In the setting of restricted range of motion, this is likely adhesive. Moderate subacromial/subdeltoid bursitis. No os acromiale.

IMPRESSION:

1. Moderate to severe rotator cuff tendinosis, as well as biceps tendinosis. There is high-grade delaminating intrasubstance tearing in the far anterolateral leading edge of the supraspinatus tendon measuring 9 mm medial to lateral x 7 mm AP. This involves at least 80% of the tendon thickness in cross-sectional diameter. There is articular surface fraying more posteriorly and a small intermediate to high-grade intrasubstance tear in the infraspinatus tendon medially.
2. Diffuse degeneration and tearing of the superior labrum and posterior labrum consistent with a type SLAP tear.
3. Mild osteoarthritis of the glenohumeral joint and more prominently the acromioclavicular joint.
4. Moderate subacromial/subdeltoid bursitis.
5. No atrophy of the rotator cuff muscle.
6. Type II morphology of the anterior acromion with an inferolateral acromion spur likely predisposing to subacromial impingement.