

**PATIENT NAME:**  
**DATE OF EXAM:**  
**DATE OF BIRTH:**  
**REF. PHYSICIAN:**  
**MRI OF THE RIGHT SHOULDER**

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CLINICAL HISTORY: Right shoulder pain post motor vehicle accident

**FINDINGS:**

Marrow edema/bone contusions seen at the superior and anteromedial humeral head. The posterior labrum appears detached with a possible fracture and marrow edema at the posterior glenoid rim. The posterior capsule appears irregular.

Tears of the superior labrum extending anterior to posterior noted. Tears of the mid posterior and posteroinferior glenoid labra are also seen.

Hypertrophic changes are noted at the acromioclavicular joint causing narrowing of the humeral -acromial space which can cause impingement - recommend clinical correlation. Mild significant subacromial/subdeltoid bursitis noted.

High signals are seen at the distal supraspinatus, infraspinatus and the teres minor tendons indicating strain. Abnormal signals also seen at the intracapsular course of long head of biceps and the subscapularis tendons-partial tears/sprain.

Posterior subluxation of the humeral head and mild shoulder joint effusion seen. Joint fluid is extending into the bicipital groove.

**IMPRESSION:**

1. Posterior subluxation of the humeral head with mild marrow edema at the superior and anteromedial humeral head.
2. The posterior labrum appears detached with a possible fracture of the posterior glenoid rim-reverse bony Bankart lesion. The posterior capsule appears irregular.
3. Circumferential labral tears.
4. Hypertrophic changes at the acromioclavicular joint causing narrowing of the humeral -acromial space which can cause impingement - recommend clinical correlation
5. Partial tear/strain of the subscapularis and biceps tendons. Strain of the distal supraspinatus, infraspinatus and the teres minor tendons.
6. Findings possibly represent posterior glenohumeral instability lesions.