

**Star Medical Diagnostic P.C. 2  
234-28A Merrick Blvd.  
Rosedale, NY 11422**

**Tel: 718-213-6339 Fax: 929-433-0077**

**PATIENT NAME:** Colon Vides, Karla  
**DATE OF BIRTH:** 8/28/90  
**REFERRING PHYSICIAN:** Dr. Tara Smith  
**DATE OF EXAM:** 8/04/22

**MRI OF THE LEFT SHOULDER:**

**TECHNIQUE:** Coronal oblique and axial images of the left shoulder were performed using spin echo and gradient pulse sequences.

**CLINICAL HISTORY:** Shoulder pain.

**FINDINGS:** There is AC joint narrowing with acromion spurring. The glenohumeral joint is intact. Impingement is noted. The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in size without evidence of atrophy or fatty infiltration. The tendons of the rotator cuff reveal tendinosis/tendonitis with thickening of the supraspinatus and subscapularis portions of the cuff. The infraspinatus and teres minor tendons are intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

There is no subacromial/subdeltoid glenohumeral joint effusion.

There is labral hypoplasia. The biceps tendon is intact. The marrow signal is homogeneous. No fractures or subluxations are identified.

**IMPRESSION:**

1. Tendinosis/tendonitis with thickening of the supraspinatus and subscapularis portions of the cuff.
2. Impingement.
3. Labral hypoplasia.
4. AC joint narrowing with acromion spurring.
5. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

Thank you for the courtesy of this consultation.



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Robert D. Solomon, M.D.  
Board Certified Radiologist

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