

# 3620 East Tremont Ave., Suite 104 Bronx, New York 10465

Patient Name:

SANCHEZ, ONELIA

AGE: 080Y (F)

RDI#:

2554 OS

DOB: 03/23/1941

Study Date:

10/05/2021

Exam:

MRI LT SHOULDER

Physician:

DR IMELDA CRUZ-BANTING

FINAL REPORT

# MRI EXAMINATION OF THE LEFT SHOULDER WITHOUT GADOLINIUM:

HISTORY: 080Y with shoulder pain

PROTOCOL: Coronal and Sagittal T1 and fat supressed T2 weighted images as well as axial fat supressed T2 weighted images were obtained. Images were acquired on a high field MRI machine.

PRIORS: None.

### FINDINGS:

Tendons:

Postsurgical changes are identified with orthopedic anchor in the humeral head.

There is complete disruption of the supra and infraspinatus tendons with retraction tendon fibers is an approximately 2.2 cm of gap between the proximal and distal tendon. Partial thickness tear within the subscapularis and intra-articular biceps tendon is identified

#### Labrum:

There is tearing within the superior labrum

Osseous structures: Cystic change within the humeral head as well as AC joint arthrosis is identified. No acute fracture or dislocation is seen.

Fluid:Fluid is identified in the gap between the disrupted tendons in the subacromial and subdeltoid bursa as well as in the subcoracoid bursa. There is a glenohumeral joint effusion as well

#### **IMPRESSION**

POSTSURGICAL CHANGES AS DESCRIBED. THERE IS HOWEVER DISRUPTION OF THE SUPRA AND INFRASPINATUS TENDONS WITH RETRACTION TENDON FIBERS AND APPROXIMATELY 2.2 CM OF GAP BETWEEN THE PROXIMAL AND DISTAL TENDON

INTRASUBSTANCE TEAR OF THE SUBSCAPULARIS AND INTRA-ARTICULAR BICEPS TENDON.

TEAR OF THE SUPERIOR LABRUM.

Phone: 718.484.3989 / Fax: 718.484.8757



## 3620 East Tremont Ave., Suite 104 Bronx, New York 10465

Patient Name: SANCHEZ, ONELIA

AGE: 080Y (F)

RDI#:

2554 OS

DOB: 03/23/1941

Study Date:

10/05/2021

Exam:

MRI LT SHOULDER

Physician:

DR IMELDA CRUZ-BANTING

FLUID IN THE SUBACROMIAL, SUBDELTOID SUBCORACOID BURSA AS WELL AS WITHIN THE GLENOHUMERAL JOINT.

# CYSTIC CHANGE WITHIN THE HUMERAL HEAD AND AC JOINT ARTHROSIS

Thank you for referring this patient to us for evaluation.

Very truly yours,

MICHAEL CARLIN MD

Electronically signed: 10/06/2021 09:04

L. A. Crillins

10/e/s/

Phone: 718.484.3989 / Fax: 718.484.8757