



American Medical Initiatives

30-80 31st Street, Astoria, NY 11102
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PATIENT:	CHOUDHURY, RUFIA	EXAM DATE:	01/14/2022 10:37 AM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	CHOR55012
DOB:	09/08/1976	REFERRING PHYSICIAN:	Smith, Tara
CLINICAL HISTORY	LT SHOULDER PAIN DUE TO MVA	GENDER	F

MRI OF THE LEFT SHOULDER

CLINICAL HISTORY: Left shoulder pain, MVA.

TECHNIQUE: Multiplanar and multisequential MRI of the left shoulder was obtained.

FINDINGS: There is normal signal of the marrow. There is no fracture line. There are hypertrophic changes of the acromioclavicular joint with type III acromion, resulting in narrowing of supraspinatus outlet. There is subchondral cyst noted involving the humeral head.

There is thickening and tendinopathy/tendinitis of the supraspinatus tendon with full-thickness tear of anterior leading fibers with 1.1 cm proximal retraction. Also, there is thickening and tendinopathy/tendinitis of the infraspinatus and subscapularis tendons. The teres minor tendon is unremarkable.

There is no displaced labral tear. There is no paralabral cyst. The long and short heads of the biceps tendon are intact. The biceps anchor is unremarkable. There is no Hills-Sachs lesion. There is moderate-sized joint effusion. There is no soft tissue mass. Superior glenoid labrum is intact.

There is fluid noted within the subcoracoid bursa, compatible with subcoracoid bursitis. There is fluid noted within the bicipital groove, compatible with bicipital tenosynovitis.

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IMPRESSION:

1. Impingement morphology.
2. Tendinopathy/tendinitis of the supraspinatus tendon with full-thickness tear of anterior leading fibers with proximal retraction.
3. Tendinopathy/tendinitis of the infraspinatus and subscapularis tendons.
4. Moderate-sized joint effusion.
5. Bicipital tenosynovitis.
6. Subcoracoid bursitis.

Digitally Signed By: Azar, Sasan
Digitally Signed Date: 01/24/2022 7:31 AM