

To: "ROCKAWAY REHABILITATION" From: GDI Pages: 1



92-20 165TH Street, Jamaica, NY 11433
Tel: (347) 380-5525 Fax: (347) 338-1380
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PATIENT NAME: ALFARO, MERCEDES
DATE OF BIRTH: 10/15/1966
MRN #: JM22131
DATE OF SERVICE: 03/15/2022 07:35:57 PM
REFERRING PHYSICIAN: JOHN J. MCGEE, DO

MRI EXAM OF THE LEFT SHOULDER WITHOUT CONTRAST

INDICATION: Left shoulder pain.

TECHNIQUE: MRI exam the left shoulder was performed in sagittal, coronal and axial planes using T1 and T2-weighted sequences.

COMPARISON: There are no prior exams for comparison.

FINDINGS: The visualized bony structures are intact. There is no fracture. There is prominent osteophyte formation at the acromioclavicular joint.


There is a tear of the supraspinatus tendon proximity to the attachment on the greater tuberosity of the humerus. There is fluid in the subacromium and subdeltoid bursa. There is tendinopathy and partial tear of the infraspinatus tendon. There is tendinopathy of the teres minor tendon and subscapularis tendon.

The glenoid humeral joint is maintained. The glenoid labrum are intact. There is a joint effusion.

IMPRESSION:

1. Intact left shoulder; osteophytes at the acromioclavicular joint.
2. Tear of the supraspinatus tendon.
3. Tendinopathy and partial tear of the infraspinatus tendon.
4. Tendinopathy of the teres minor and subscapularis tendons.
5. Intact glenoid humeral joint with effusion.

Thank you for the opportunity to participate in the care of this patient.


STEPHEN P. TODER, M.D.
Board Certified Diagnostic Radiologist

Signed by STEPHEN P. TODER, MD at 03/17/2022 02:39:44 PM

With
OK

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To: "LOCKAWAY REHABILITATION" From: CDI Res: 2



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PATIENT NAME: ALFARO, MERCEDES
DATE OF BIRTH: 10/15/1966
MRN #: JM22131
DATE OF SERVICE: 03/15/2022 07:24:53 PM
REFERRING PHYSICIAN: JOHN J. MCGEE, DO

Signed by STEPHEN P. TODER, MD at 03/17/2022 02:32:44 PM