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MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

RE: BAILEY, DENNIS
DOS: 04/01/2022
DOB: 02/20/1974

Referring physician: Dr. Hilaire
Referring physician phone #: (347) 475-0078

CLINICAL INDICATION: Left shoulder pain.

TECHNIQUE:

Multiplanar and multisequence MR images of the left shoulder were obtained.

FINDINGS:

A focal articular surface partial thickness tear involving the posterior fibers of the distal supraspinatus tendon is demonstrated, best seen on image 23/12 of the coronal IR sequence. The remainder of the supraspinatus and infraspinatus tendons are diffusely edematous, compatible with tendinitis. The subscapularis and teres minor tendons are intact. No muscle atrophy is seen. Moderate AC joint hypertrophy is visualized with marginal spurring and capsular thickening. There is moderate impingement of the supraspinatus outlet. A small amount of fluid is appreciated within the subacromial/subdeltoid bursa.

The long head of the biceps tendon is intact and located within the bicipital groove. Mild fluid tracks along the bicipital groove, compatible with biceps tenosynovitis. No significant glenohumeral joint effusion is appreciated. No obvious, displaced labral tear is visualized on noncontrast MR evaluation. No acute fracture is seen.

IMPRESSION:

1. Focal articular surface partial thickness tear involving the anterior fibers of the distal supraspinatus tendon. Diffuse tendinitis involving the remainder of the supraspinatus and infraspinatus tendons.
2. Mild impingement of the supraspinatus outlet.
3. Subacromial/subdeltoid bursitis.
4. Biceps tenosynovitis.

Thank you for the courtesy of this referral.

Simon Ryoo, MD
Board Certified Radiologist
Fellowship Trained in Musculoskeletal Radiology

Simon Ryoo 04-04-2022

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