

88-09 101st Avenue Ozone Park, NY 11416

TEL: 718-577-5152 FAX: 718-559-5726

www.Arisdiagnostics.com

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

RE: TORRES, NOEL

DOE: 04/04/2022

DOB: 04/27/1976

Referring Physician: Dr. Hilaire

Referring Physician Phone #: (347) 475-0078

HISTORY: Left shoulder pain status post MVA.

TECHNIQUE:

MRI of the left shoulder utilizing multiple imaging sequences.

FINDINGS:

There are mild to moderately advanced arthropathic changes at the AC joint with a spur projecting caudally from the articulating margin of the clavicle with the acromion. This produces impression upon the bursal surface of the supraspinatus muscle/tendon with a small amount of fluid within the AC joint. No significant fluid is noted within the subacromial/subdeltoid bursa or the shoulder joint. Fluid is seen within the acromioclavicular joint.

No rotator cuff tears are seen with mild tendinosis of the supraspinatus tendon of the rotator cuff. No labral tears are identified with a small to moderate amount of fluid surrounding a normal appearing bicipital tendon within the bicipital groove.

Areas of subcortical signal abnormality are seen within the articulating portion of the clavicle with the acromion secondary to the arthropathic changes seen. Signal from the muscular structures is normal.

IMPRESSION:

- 1. Mild to moderately advanced arthropathic changes at the AC joint with capsular hypertrophy producing impression upon the bursal surface of the supraspinatus muscle/tendon which may be creating a substrate for impingement. This should be correlated with the clinical exam.
- 2. Fluid in the acromioclavicular joint with reactive marrow edema within the articulating portions of the clavicle and the acromion secondary to the arthropathic changes present.
- 3. Mild tendinosis of the supraspinatus tendon of the rotator cuff.
- 4. Small to moderate amount of fluid surrounding the bicipital tendon within the bicipital groove most consistent with tenosynovitis.

(Continued)







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Thank you for the courtesy of this referral.

04-12-2022

Michael Green, MD MG/BV/04/11/2022



