



---

313 43<sup>RD</sup> Street, LLB, Brooklyn, NY 11232  
Tel: (718) 370-7777 Fax: (718) 682-3833  
www.citimedny.com

---

**PATIENT NAME:** HENRIQUEZ, KEVIN D  
**DATE OF BIRTH:** 06/05/2001  
**MRN #:** BK15241  
**DATE OF SERVICE:** 08/29/2022  
**REFERRING PHYSICIAN:** COLIN CLARKE, MD

**MRI EXAMINATION OF THE LEFT SHOULDER WITHOUT CONTRAST**

**INDICATION:** Left shoulder pain. Status post MVA.

**TECHNICAL FACTORS:** MRI of the left shoulder utilizing multiple imaging sequences. Interpretation is limited to some extent by the patient's large body habitus and difficulty in patient positioning. Motion artifact also limit interpretation as does image degradation secondary to the patient's large body habitus.

**COMPARISON:** None.

**FINDINGS:**

There is hypertrophy of the acromioclavicular capsule with mild arthropathic changes at the AC joint. These produce impression upon the bursal surface of the supraspinatus muscle/tendon. No significant fluid is seen in the subacromial-subdeltoid bursa with a small amount of fluid in the subcoracoid portion of the shoulder joint.

No rotator cuff tears are seen. No definitive labral tears are identified.

The bicipital and intra-articular portions of the biceps tendon are grossly normal.

No areas of significant marrow signal abnormality are seen with signal from the muscular structures normal.

There are enlarged axillary lymph nodes, likely reactive.

**IMPRESSION:**

- 1. Limited study due to the patient's large body habitus as well as difficulty in proper imaging encountered. Motion artifact also limits interpretation.**
- 2. Mild hypertrophy of the acromioclavicular capsule with associated arthropathic changes. These produce impression upon the bursal surface of the supraspinatus muscle/tendon and may be creating a substrate for impingement.**
- 3. Small amount of fluid in the subcoracoid portion of the shoulder joint.**



---

313 43<sup>RD</sup> Street, LLB, Brooklyn, NY 11232  
Tel: (718) 370-7777 Fax: (718) 682-3833  
www.citimedny.com

---

**PATIENT NAME:** HENRIQUEZ, KEVIN D  
**DATE OF BIRTH:** 06/05/2001  
**MRN #:** BK15241  
**DATE OF SERVICE:** 08/29/2022  
**REFERRING PHYSICIAN:** COLIN CLARKE, MD

4. Small area of non-specific subcortical signal abnormality within the lateral aspect of the humeral head.

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

A handwritten signature in black ink that reads "Michael D. Green MD". The signature is written in a cursive, flowing style.

MICHAEL D. GREEN, M.D.  
Board Certified Diagnostic Radiologist

Signed by MICHAEL GREEN, MD at 09/07/2022 02:53:57 AM