

30-80 31st Street, Astoria, NY 11102 Tel: 718-335-7100 | Fax: 718-709-4136

EXAM DATE: 02/11/2022 1:12 PM CHARLES, SPENCER PATIENT: CHAS55759 STUDY MRI SHOULDER WITHOUT CONTRAST MRN: DESCRIPTION: DOB: 07/09/1988 REFERRING Zilberman, Igor DC PHYSICIAN: М LT SHOULDER PAIN DUE TO MVA **GENDER** CLINICAL **HISTORY** 

marginal osteophytes. There is lateral downsloping of the acromion with subacromial spurring. These factors contribute to rotator cuff impingement.

BICEPS TENDON: Intact long-head of the biceps tendon.

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator interval is normal.

GLENOHUMERAL CARTILAGE: Intact.

SYNOVIUM/JOINT FLUID: There is a trace of glenohumeral joint effusion.

MARROW: Normal marrow signal.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

## IMPRESSION:

- 1. Distal supraspinatus tendon shows significant T2W / PDFS hyperintense signal distally. A full thickness tear of the anterior 1/3rd of the tendon fibers noted with no retraction of tendon. Associated minimal fluid noted in the subacromion subdeltoid bursa.
- 2. Mild acromioclavicular joint disease with capsular thickening and small marginal osteophytes. There is lateral downsloping of the acromion with subacromial spurring. These factors contribute to rotator cuff impingement.
- 3. Trace glenohumeral joint effusion.



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