

# MED AID RADIOLOGY, LLC

481 NORTH 13<sup>TH</sup> STREET, NEWARK N.J. 07107, TEL:973-481-7770 FAX: 973-481-7755

PATIENT NAME: MALDONADO, JASON  
DATE OF BIRTH: 07/26/1987  
MRN #: M18466  
DATE OF SERVICE: 03/09/2022  
REFERRING PHYSICIAN: COLIN CLARKE, MD

## MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

**INDICATION:** MVA; left shoulder pain; assess for RCT.

**Technique:** Exam is performed utilizing fast spin echo, coronal oblique, sagittal oblique, and axial imaging as well as gradient echo axial image.

**Comparison:** No prior studies were available for comparison at the time of dictation.

**Findings:** AC joint arthrosis. No separation. No lateral sloping of the acromion. No inferior curvature. No narrowing of the supraspinatus outlet. No narrowing of the humeroacromial interval.

Infraspinatus is intact. No muscle atrophy or tear.

Supraspinatus is intact. No muscle atrophy or tear.

Biceps is intact in the groove. Tendinopathy extends to the anchor. Tenosynovitis.

Subscapularis is intact. No muscle atrophy or tear.

Anterior capsular thickening. Posterior capsule is intact.

Posterior inferior labral tear. Anterior inferior labrum is intact. Superior labrum tear. There is a 4.3 cm transverse dimension x 1 cm AP dimension x 1.8 cm in length paralabral cyst contiguous with the anterior superior labral tear extending through the anterior rotator interval, overlying the coracoid and anterior to the subscapularis muscle toward the axilla.

Glenohumeral joint is intact. Effusion.

No capsular disruption.

### **Impression:**

- 1. Tear of the superior labrum and posterior inferior labrum. 4.3 x 1 x 1.8 cm anterior superior paralabral cyst extending superficial to the coracoid anterior to the subscapularis and toward the axilla.**
- 2. AC joint arthrosis. No rotator cuff tear.**

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

# MEDDAID RADIOLOGY, LLC

481 NORTH 13<sup>TH</sup> STREET, NEWARK N.J. 07107, TEL:973-481-7770 FAX: 973-481-7755

PATIENT NAME:	MALDONADO, JASON
DATE OF BIRTH:	07/26/1987
MRN #:	M18466
DATE OF SERVICE:	03/09/2022
REFERRING PHYSICIAN:	COLIN CLARKE, MD



Mark Decker, M.D., D.A.B.R.  
Musculoskeletal and Spine Specialist

Signed by MARK J. DECKER, MD at 03/12/2022 11:18:43 PM