



## ***Next Generation Diagnostic Imaging P.C.***

**MERSHAD HAGIGI, MD, PHD**  
**DIPLOMATE, AMERICAN BOARD OF RADIOLOGY**

1664 East 14<sup>th</sup> Street, Suite LL • Brooklyn, NY 11229  
TEL: (718) 336-1865 • FAX: (718) 336-1275

DATE OF STUDY: 9/19/2022  
PATIENT NAME: BUTEAU JOSEPH  
DATE OF BIRTH: 4/5/1970  
PATIENT NUMBER: 3135  
REFERRING PHYSICIAN: AMANZE

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

**HISTORY:** Patient was involved in a motor vehicle accident and now complains of pain.

**COMPARISON:** None.

**TECHNIQUE:** MRI of the left shoulder was performed using T1 and T2 weighted sequences in multiple planes.

### **FINDINGS:**

Hyperintense signal is detected in the tendon of supraspinatus on T1 weighted images. This reveals fluid intensity on T2 weighted images. It reaches the bursal surface and represents partial tear. Subtle hyperintense signal is seen in the terminal portion of infraspinatus and subscapularis tendons on T1 weighted images, suggestive of tendinosis.

Thickening and hyperintense signal is seen involving the gleno-humeral ligament. This can be due to edema or can be due to adhesive capsulitis.

Minimal fluid is seen in subacromial – subdeltoid bursa and along the biceps tendon.

Mild changes of osteoarthritis are detected in the gleno-humeral joint. There is minimal synovial effusion. Mild degenerative changes are detected in the acromio-clavicular joint. There is mild lateral downsloping of the acromion. Suggestion of mild subluxation of the acromio-clavicular joint is seen.

Small lesions, appearing hypointense on T1 and hyperintense on T2 weighted images are seen in the humeral head. These are likely to represent non-specific cysts / geodes.

The alignment of the shoulder joint is normal. The glenoid labrum is normal. Major neurovascular bundles are normal.

(Continued on Page Two)

DATE OF STUDY: 9/19/2022  
PATIENT NAME: BUTEAU JOSEPH  
DATE OF BIRTH: 4/5/1970  
PATIENT NUMBER: 3135  
REFERRING PHYSICIAN: AMANZE

**IMPRESSION:**

1. Partial tear of supraspinatus tendon.
2. Tendinosis of infraspinatus and subscapularis tendons.
3. Thickening and hyperintense signal involving the gleno-humeral ligament. This can be due to edema or can be due to adhesive capsulitis. Clinical correlation is suggested.
4. Minimal fluid in subacromial – subdeltoid bursa and along the biceps tendon.
5. Mild changes of osteoarthritis in the gleno-humeral joint.
6. Minimal synovial effusion.
7. Mild degenerative changes in the acromio-clavicular joint.
8. Mild lateral downsloping of the acromion.
9. Suggestion of mild subluxation of the acromio-clavicular joint.

Thank you for the courtesy of this referral.

Electronically Signed  
Mershad Hagigi, MD, PHD  
Board Certified Radiologist  
Date: 9/21/2022