



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

PATIENT:	DE LA CRUZ, LUIS	EXAM DATE:	04/05/2022 2:00 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	DE L60824
DOB:	10/12/1978	REFERRING PHYSICIAN:	Qureshi, Adnan
CLINICAL HISTORY	LT SHOULDER PAIN DUE TO MVA	GENDER	M

#### MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Left shoulder pain due to motor vehicle accident.

TECHNIQUE: Multiplanar, multi-sequence MRI of the left shoulder was performed without intravenous contrast.

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

#### ROTATOR CUFF:

SUPRASPINATUS: The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

INFRASPINATUS: The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.

BICEPS TENDON: There is tenosynovitis of the extra articular long head of the biceps tendon.



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**LABRUM/LIGAMENTS:** No labral tear or ligament abnormalities.

**CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL:** Rotator interval is normal.

**GLENOHUMERAL CARTILAGE:** Intact articular cartilage.

**SYNOVIUM/JOINT FLUID:** No joint effusion or synovial thickening.

**NEUROVASCULAR STRUCTURES:** Normal in course and caliber.

**PERIPHERAL SOFT TISSUES:** Normal.

**IMPRESSION:**

1. Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.
2. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
3. Tenosynovitis of the extra articular long head of the biceps tendon.

Digitally Signed By: Imam, Naiyer  
Digitally Signed Date: 04/06/2022 8:52 PM