

106-01 101st Ave., Ozone Park, NY 11416
Tel: 718-850-0900 | Fax: 914-462-4764

PATIENT:	MILLER, NAJIYYAH	EXAM DATE:	07/08/2022 12:30 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	MILN70231
DOB:	02/10/1979	REFERRING PHYSICIAN:	Qureshi, Adnan
CLINICAL HISTORY	LT SHOULDER PAIN. S/P TRAUMA	GENDER	F

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Left shoulder pain. Status post trauma.

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: There is an interstitial tear of length 8 mm at the attachment of the infraspinatus tendon. 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.

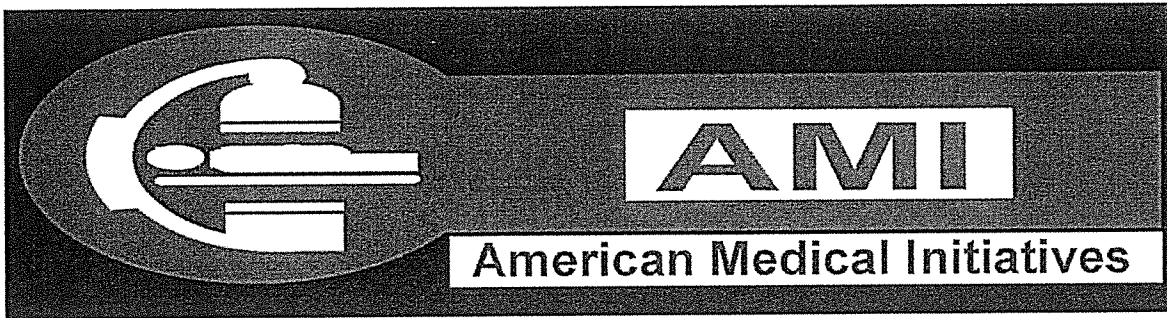
SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: Mild fluid in subacromial-subdeltoid bursa compatible with bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: Intact.

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



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LABRUM/LIGAMENTS: There is a tear of the superior glenoid labrum anterior to posterior (SLAP tear) with a partial tear of the biceps labral anchor complex.

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator interval is normal.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: There is a joint effusion.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

1. Interstitial tear of length 8 mm at the attachment of the infraspinatus tendon.
2. Type II SLAP tear.
3. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis.
4. Joint effusion.

Digitally Signed By: Imam, Naiyer
Digitally Signed Date: 07/12/2022 8:10 PM

