

MED AID RADIOLOGY, LLC

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

PATIENT NAME: ROMERO, ABRAHAM
DATE OF BIRTH: 02/22/1973
MRN #: M17834
DATE OF SERVICE: 11/12/2021
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 tendinopathy and fraying. 2-mm cyst in the humeral head with no fracture. No muscle atrophy or tear.

Supraspinatus tendinopathy. No muscle atrophy or tear.

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

Subscapularis tendinopathy. No muscle atrophy or tear.

Anterior capsular thickening. Posterior capsule is intact.

Posterior inferior labrum is intact. Anterior inferior labrum is intact. Superior labral fraying and tear. 6-mm superior labral cyst just posterior.

No fracture, dislocation or erosion. Joint effusion.

Impression:

- 1. SLAP tear with 6-mm posterior superior labral cyst. Biceps tendinopathy with tenosynovitis.**
- 2. Capsular thickening which can be seen with adhesive capsulitis.**
- 3. AC joint arthrosis. Rotator cuff tendinopathy and fraying.**

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

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Musculoskeletal and Spine Specialist

Signed by MARK J. DECKER, MD at 11/16/2021 06:14:17 PM