MEDICAL IMAGING OF BRONX, P.C.

1500 ASTOR AVENUE
BRONX NY 10469
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PATIENT NAME: MCQUEEN CHAD
REFERRING PHYSICIAN: DR. BARAKAT

DOB: 09/06/1992
DOS: 08/09/2022

MRI OF THE LEFT SHOULDER

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the left shoulder were obtained in the axial, sagittal and coronal planes without intravenous or intraarticular contrast.

FINDINGS: There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid.

The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The rotator cuff tendons including the supraspinatus, infraspinatus and teres minor are intact without MRI evidence of a tear or tendinosis/tendinopathy. The biceps tendon is situated within the bicipital groove and its attachment to the superior labrum is intact. The glenoid labrum is grossly intact. There is no joint effusion. There are no masses associated with the glenohumeral joint.

The distal subscapularis tendon is thickened with heterogeneously increased signal consistent with a partial tear, in combination with tendinosis/tendinopathy. Type III acromion with impingement of rotator cuff, in an appropriate clinical setting. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.

IMPRESSION:

1. Distal subscapularis tendon is thickened with heterogeneously increased signal consistent with a partial tear, in combination with tendinosis/tendinopathy.
2. Type III acromion with impingement of rotator cuff, in an appropriate clinical setting.
3. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed