



16 Andover Avenue • Suite 120 • Cliffside Park, New Jersey 07010
(201) 261-3333 • MRI 7 • Fax (201) 943-1116

PATIENT NAME: VIVAR, YESENIA
PATIENT DOB: 04/15/1982
CHART NUMBER: 044651
EXAM DATE: MARCH 01, 2022
REFERRING PHYSICIAN: DR. KOPACH, ALEKSANDR

MRI OF THE LEFT SHOULDER

TECHNIQUE: Coronal oblique and axial images of the left shoulder were performed using spin echo and gradient pulse sequences.

CLINICAL HISTORY: Shoulder pain.

FINDINGS: There is AC joint narrowing with acromion spurring. The glenohumeral joint is intact. Impingement is noted. The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in size without evidence of atrophy or fatty infiltration. The tendons of the rotator cuff reveal tendonitis/tendinosis of the supraspinatus, and infraspinatus portions of the rotator cuff. The subscapularis and teres minor tendons are intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament. There are axillary lymph nodes noted, which are probably post inflammatory.

There is no subacromial/subdeltoid or glenohumeral joint effusion.

The anterior labrum is irregular and partially detached. The sublabral recess is partially torn. The biceps tendon is hypoplastic. The marrow signal is homogeneous. No subluxations are identified.

IMPRESSION:

1. The anterior labrum is irregular and partially detached. The sublabral recess is partially torn. The biceps tendon is hypoplastic.
2. Tendonitis/tendinosis of the supraspinatus, and infraspinatus portions of the rotator cuff.
3. AC joint narrowing with acromion spurring.
4. Impingement.
5. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.
6. Axillary lymph nodes noted, which are probably post inflammatory.

Electronically reviewed and signed
Robert Solomon, M.D.
Board Certified Radiologist