



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

1575 Hillside Ave, Suite 100
New Hyde Park, NY 11040
Tel: 516 962 9544, 516 962 9599
Cell: 516 549 6963
Fax: 516 467 3130
Email: qri.newhydepark@yahoo.com

PATIENT:	JOHNSON, MICHAEL	EXAM DATE:	07/15/2022 9:00 AM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	JOHM71144
DOB:	06/26/1973	REFERRING PHYSICIAN:	Jurkovich, Michael
CLINICAL HISTORY:	N/F Left Shoulder Pain after MVA.	GENDER:	M

LEFT SHOULDER MRI WITHOUT CONTRAST

HISTORY: Left shoulder pain status post motor vehicle accident

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

COMPARISON: None

OSSEOUS STRUCTURES/ MARROW

ROTATOR CUFF:

Supraspinatus: There is fluid seen at the inferior aspect of the supraspinatus tendon at the insertion indicating partial tear. There is no muscle tendon retraction

Infraspinatus: Muscles and tendons intact

Teres minor: Muscles and tendons are intact

Subscapularis: Muscles and tendons are intact

MUSCLES: No muscle edema or fatty atrophy

AC JOINT : Hypertrophic and type III acromion contributing to supraspinatus outlet obstruction

BICEPS TENDON: Long head biceps tendon is intact with tenosynovitis present

LABRUM/LIGAMENTS: Glenoid labrum and ligaments are intact

GLENOHUMERAL CARTILAGE: Cartilage is intact with no joint effusion.

CORACOACROMIAL LIGAMENT/ ROTATOR INTERVAL rotator interval is intact

SYNOVIUM/JOINT FLUID: No synovial hypertrophy of joint effusion



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

1575 Hillside Ave, Suite 100
New Hyde Park, NY 11040
Tel: 516 962 9544, 516 962 9599
Cell: 516 549 6963
Fax: 516 467 3130
Email: qri.newhydepark@yahoo.com

PATIENT:	JOHNSON, MICHAEL	EXAM DATE:	07/15/2022 9:00 AM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	JOHM71144
DOB:	06/26/1973	REFERRING PHYSICIAN:	Jurkovich, Michael
CLINICAL HISTORY:	N/F Left Shoulder Pain after MVA.	GENDER:	M

NEUROVASCULAR STRUCTURES: Normal caliber and course

PERIPHERAL SOFT TISSUES: Normal

IMPRESSION:

1. fluid seen at the inferior aspect of the supraspinatus tendon at the insertion indicating partial tear. There is no muscle tendon retraction
2. Hypertrophic and type III acromion contributing to supraspinatus outlet obstruction
3. Long head biceps tendon is intact with tenosynovitis present

Digitally Signed By: Izzo, Joseph

Digitally Signed Date: 07/16/2022 6:55 PM