



Westchester Radiology & Imaging, PC

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PATIENT: BALERIO, CATHERINE
DOB: 11/14/2006
PHYSICIAN: DR. MATHEW
EXAM DATE: 05/18/2022

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 subscapularis, 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 or fluid collections associated with the glenohumeral joint.

There is a partial tear of the distal supraspinatus tendon. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff. Edema in the distal clavicle and adjacent acromion within the acromioclavicular joint, consistent with recent trauma.

IMPRESSION:

1. Partial tear of the distal supraspinatus tendon.
2. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.
3. Edema in the distal clavicle and adjacent acromion within the acromioclavicular joint, consistent with recent trauma.

Steve B. Losik M.D.

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