

Community Medical Imaging

ACR Accredited Facility
159-16 Union Tpke • Fresh Meadows, NY 11366
Tel: 718-275-1010 • Fax: 718-591-3300

BHARGAV PATEL, M.D. 79-09 B NORTHERN BLVD JACKSON HEIGHTS, NY 11372

PATIENT: IDRIS MASUMI

DOB: 01/10/1999 DOS: 10/14/2022 CHART #: 25853

EXAM: MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Constant pain, aching, difficulty moving arm, clicking.

TECHNIQUE: Multiplanar MR imaging of the left shoulder was performed without contrast on Hitachi open MRI unit.

Coronal T1, T2 and STIR; Sagittal T2; Axial PD and gradient echo images of the shoulder were obtained.

COMPARISON: None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

FINDINGS: There is trace joint fluid, which appears to be physiologic.

There is no muscular atrophy or injury. There is a type I acromion. There is no impingement.

The glenoid is unremarkable. There is no subluxation.

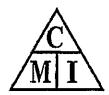
There is no fracture. There is no bone bruise. There is no osteochondral defect.

The superior labrum and biceps anchor are unremarkable. There is no biceps tendon tear or tenosynovitis. The transverse humeral ligament is unremarkable.

The anterior and posterior labra are intact.

There is no hematoma or seroma. There is no AC separation.

Mild tendinosis changes are seen at the supraspinatus and infraspinatus tendons. There is trace fluid at the subacromial-subdeltoid bursa. There is slight irregularity of the bursal surface anteriorly at the supraspinatus tendon.



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The teres minor tendon is intact. There is no tear of the subscapularis tendon.

IMPRESSION:

1. A BURSAL SURFACE TEAR IS SEEN ANTERIORLY AT THE SUPRASPINATUS TENDON, AS NOTED.

2. TENDINOSIS CHANGES ARE SEEN AT THE SUPRASPINATUS AND INFRASPINATUS TENDONS, AS DESCRIBED.

Thank you for referring this patient to us.

Andrew McDonnell, MD

Neuroradiologist

Diplomate, American Board of Radiology

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