



To:	Davis, Gordon	Patient Name:	Jones, Steve
Exam:	MRI LEFT SHOULDER	DOB:	09/01/1984
Exam Date:	05/10/2022 2:37 PM	Gender:	M
Accession:	23837	MRN:	JonS5113

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 available.

FINDINGS:

ROTATOR CUFF: There is supraspinatus and infraspinatus tendinitis. The subscapularis and teres minor tendons are intact. There is subdeltoid/subacromial bursal edema consistent with bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: There is moderate acromioclavicular joint disease with capsular thickening and marginal osteophytes which exert mass-effect on the supraspinatus myotendinous junction. There is lateral downsloping of the acromion with subacromial spurring and thickening of the coracoacromial ligament which also contribute to rotator cuff impingement.

BICEPS TENDON: Intact long head of the biceps tendon.

LABRUM/LIGAMENTS: There is a tear of the posterior superior to posterior glenoid labrum best seen on images 11-12 of the axial oblique series.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

MARROW: Normal marrow signal.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

Tear of the posterior superior to posterior glenoid labrum.



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Supraspinatus and infraspinatus tendinitis with subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to lateral downsloping of the acromion, subacromial spurring, thickening of the coracoacromial ligament, and moderate acromioclavicular joint disease.

Electronically Signed by: Borukhov, David MD on 05/10/2022 4:39 PM