

**AMI****American Medical Initiatives**

30-80 31st Street, Astoria, NY 11102
Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:	ARIAS, DELA CRUZ ANDRES	EXAM DATE:	06/24/2022 3:54 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	ARID70309
DOB:	11/05/1957	REFERRING PHYSICIAN:	Mcgee, John J
CLINICAL HISTORY	C/O LT SHOULDER PAIN DUE TO MVA	GENDER	M

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Complains of left shoulder pain due to motor vehicle accident.

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

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

ROTATOR CUFF:

SUPRASPINATUS: The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

INFRASPINATUS: The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: No fluid in subacromial-subdeltoid bursa to suggest bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: AC joint hypertrophy may contribute to rotator cuff impingement.

BICEPS TENDON: Intact long-head of the biceps tendon.

LABRUM/LIGAMENTS: There is a tear of the superior glenoid labrum anterior to posterior (SLAP



30-80 31st Street, Astoria, NY 11102
Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:	ARIAS, DELA CRUZ ANDRES	EXAM DATE:	06/24/2022 3:54 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	ARID70309
DOB:	11/05/1957	REFERRING PHYSICIAN:	Mcgee, John J
CLINICAL HISTORY	C/O LT SHOULDER PAIN DUE TO MVA	GENDER	M

tear) with a partial tear of the biceps labral anchor complex.
CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator interval is normal.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

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

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

1. Type II SLAP tear.
2. AC joint hypertrophy may contribute to rotator cuff impingement.

Digitally Signed By: Imam, Naiyer
Digitally Signed Date: 06/27/2022 8:32 PM

