

New York Medical & Diagnostic Care P.C.  
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Hollis, NY 11423  
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PATIENT NAME: Lorge, Kathelene  
DATE OF BIRTH: 10/15/92  
REFERRING PHYSICIAN: Dr. Cynthia Robinson  
DATE OF EXAM: 7/22/22

**MRI OF THE LEFT SHOULDER:**

**TECHNIQUE:** Coronal oblique and axial images of the left shoulder were performed using spin echo and gradient pulse sequences.

**CLINICAL HISTORY:** Shoulder pain.

**FINDINGS:** The AC and glenohumeral joints are intact. Impingement is noted. The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in size without evidence of atrophy or fatty infiltration. The tendons of the rotator cuff reveal tendinosis/tendonitis with tendinopathy and thickening with intrasubstance tearing of the supraspinatus tearing of the supraspinatus and subscapularis tendons. The infraspinatus and teres minor tendons are intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

There is a glenohumeral joint effusion.

The anterior and posterior labrum is poorly torn with sublabral recess. The biceps tendon is poorly seen and torn. The marrow signal is homogeneous. No subluxations are identified.

**IMPRESSION:**

1. Glenohumeral joint effusion.
2. Tendinosis/tendonitis with tendinopathy and thickening with intrasubstance tearing of the supraspinatus tearing of the supraspinatus and subscapularis tendons.
3. The anterior and posterior labrum is poorly torn with sublabral recess. Poorly seen and torn biceps tendon.
4. Impingement.
5. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament

Thank you for the courtesy of this consultation.



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Robert D. Solomon, M.D.  
Board Certified Radiologist

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