

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

SIDHILALL, MELISSA PATIENT: EXAM DATE: 05/16/2022 1:00 PM STUDY MRI SHOULDER WITHOUT CONTRAST SIDM63457 MRN: DESCRIPTION: DOB: 06/10/1997 REFERRING Qureshi, Adnan PHYSICIAN: F C/O RT SHOULDER PAIN DUE TO MVA CLINICAL GENDER **HISTORY** 

## MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

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

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

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Significant susceptibility artifacts noted.

## **ROTATOR CUFF:**

SUPRASPINATUS: The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal musde 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: Mild subluxation of the acromioclavicular joint noted with significant hypertrophy of the joint capsule.

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



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STUDY | MRI SHOULDER WITHOUT CONTRAST | MRN: | SIDM63457

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CLINICAL C/O RT SHOULDER PAIN DUE TO MVA GENDER F

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.

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. Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.

2. Significant susceptibility artifacts.

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