



**QUEENS RADIOLOGY  
IMAGING PC**  
**DIAGNOSTIC RADIOLOGY**

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PATIENT:	ROCHER,DORIS	EXAM DATE:	08/13/2022 2:30 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	ROCD72154
DOB:	01/24/1949	REFERRING PHYSICIAN:	Opam, Osafradu, Md
CLINICAL HISTORY:	N/FI left shoulder PAIN AFTER MVA.	GENDER:	F

**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

**FINDINGS:**

**OSSEOUS STRUCTURES/MARROW :** There is increased signal of the glenoid humeral joint AC joint indicating microtrabecular fracture from trauma sequela. No dislocation. There is calcification/cyst of the humeral head

**ROTATOR CUFF**

**SUPRASPINATUS:** There is increased signal at the anterior leading edge and fluid seen inferiorly in the supraspinatus tendon indicating partial tear at the articular surface. There is no muscle tendon tear or retraction.

**INFRASPINATUS:** Tendinopathy of the supraspinatus tendon but no muscle tendon retraction

**TERES MINOR:** Normal and intact

**SUBSCAPULARIS:** . Intact



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**MUSCLES:** No muscle edema or fat atrophy

**SUBACROMIAL/SUBDELTOID:** Moderate fluid seen in the subacromial and subdeltoid bursa indicating bursitis

**AC JOINT :** AC hypertrophy with type III acromion contributing to supraspinous outlet obstruction

**BICEPS TENDON:** Longitudinal split of the biceps tendon and within the supra groove.

**LABRUM/LIGAMENTS:** No labral or ligament abnormality

**CORCOACROMIAL/ROTATOR:** Normal rotator interval

**SYNOVIUM/JOINT FLUID:** No synovial hypertrophy.

Glenohumeral joint: Narrowing of the glenohumeral joint with moderate joint effusion

**NEUROVASCULAR STRUCTURES:** Normal in caliber and course

**PERIPHERAL SOFT TISSUES:** Unremarkable

**IMPRESSION:**

1. increased signal of the glenoid humeral joint AC joint indicating microtrabecular fracture from trauma sequela.
- 2.increased signal at the anterior leading edge and fluid seen inferiorly in the supraspinatus tendon indicating partial tear at the articular surface. There is no muscle tendon tear or retraction.
- 3.Tendinopathy of the supraspinatus tendon but no muscle tendon retraction
- 4.Moderate fluid seen in the subacromial and subdeltoid bursa indicating bursitis



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- 5. AC hypertrophy with type III acromion contributing to supraspinous outlet obstruction
- 6 Longitudinal split of the biceps tendon and within the supra groove.
- 7..Narrowing of the glenohumeral joint with moderate joint effusion

Digitally Signed By: Izzo, Joseph  
Digitally Signed Date: 08/16/2022 11:30 AM