

New York Medical & Diagnostic Care P.C.
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PATIENT NAME: Allison, Jerrick
DATE OF BIRTH: 3/23/57
REFERRING PHYSICIAN: Dr. Phyllis Gelb
DATE OF EXAM: 8/26/22

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: There is AC joint narrowing with acromion spurring. The glenohumeral joint is intact. There is 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 and tendinopathy with intrasubstance tearing of the supraspinatus, infraspinatus and subscapularis portion of the cuff. The teres minor tendons are intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

There is no subacromial/subdeltoid glenohumeral joint effusion.

There is anterior and posterior labral tearing. The biceps tendon is poorly seen. The marrow signal is homogeneous. No subluxations are identified.

IMPRESSION:

1. Biceps tendon is poorly seen. Anterior and posterior labral tearing.
2. Impingement.
3. AC joint narrowing with acromion spurring.
4. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.
5. Tendinosis/tendonitis and tendinopathy with intrasubstance tearing of the supraspinatus, infraspinatus and subscapularis portion of the cuff.

Thank you for the courtesy of this consultation.



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

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