

SKY RADIOLOGY

PATIENT NAME MARKS, JULIET ANN MARIE
D.O.B. 03/17/1971
PATIENT # 0000013016
DATE OF SERVICE 3/10/2022 10:32:12 AM
REF. PHYSICIAN RYBSTEIN, MARC MD

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

INDICATION: Left shoulder pain

COMPARISON: No prior study was available for comparison at the time of dictation.

TECHNIQUE: T1, T2, and PD, axial, coronal, and sagittal sequences were obtained.

FINDINGS:

No fracture or suspicious lesion. No os acromiale or intra-articular loose body. No evidence of significant arthritis and glenohumeral cartilage grossly intact.

There is a low-lying acromion impinging predominantly on the supraspinatus. Infraspinatus tendinosis with rim rent tear, concomitant subcortical contusion and cystic change of the posterior humeral head series 5 image 5, 6. There is also supraspinatus tendinosis, with broad segment of increased signal with fraying along both superior and inferior margins compatible with an interstitial tear of the supraspinatus at just below the acromioclavicular level and extending distally toward attachment series 5 image 11, 12. Concomitant mild inflammatory changes of the acromioclavicular joint capsule and mild subacromial bursitis.

Mild glenohumeral osteoarthritic changes otherwise labrum intact. Subscapularis tendinopathy with small undersurface free fluid extending into the subcoracoid recess, as well sprain of superior glenohumeral ligament. Intact biceps tendon and bicipital labral anchor complex.

The inferior glenohumeral ligament is intact. Teres minor tendon is normal. No muscle atrophy.

No significant effusion.

IMPRESSION:

1. Shoulder impingement with low-lying acromion predominantly the supraspinatus. Infraspinatus tendinosis with rim rent tear, concomitant subcortical contusion and cystic change of the posterior humeral head series 5 image 5, 6. There is also supraspinatus tendinosis, with broad segment of increased signal with fraying along both superior and

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inferior marginus compatible with an interstitial tear of the supraspinatus at just below the acromioclavicular level and extending distally toward attachment series 5 image 11, 12.

-Concomitant mild inflammatory changes of the acromioclavicular joint capsule and mild subacromial bursitis.

2. Mild glenohumeral osteophytic changes. Free fluid in the subcoracoid recess and mild subscapularis tendinopathy.

Thank you for this kind referral of this patient.

B.V. Reddy MD

B.V. Reddy M.D.
Diagnostic Radiologist and Nuclear Medicine Physician
Diplomat of ABNM and ABR
MRI and Breast Imaging Specialist

Electronically Signed by REDDY, B.V. MD DR. at 3/17/2022 8:30:58 AM

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