

06/13/2022 1:00 PM EXAM DATE: GRANT, ANDREW PATIENT: **GRAA69949** MRI SHOULDER WITHOUT CONTRAST MRN: STUDY DESCRIPTION: Jurkowich, Michael REFERRING 02/23/1976 DOB: PHYSICIAN: М N/F Pain due to Accident. GENDER CLINICAL HISTORY

## MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Pain due to accident.

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

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

## **ROTATOR CUFF:**

SUPRASPINATUS: There is a partial-thickness undersurface tear of the supraspinatus tendon. No tendon retraction is found. No skeletal muscle 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.

ACJOINT: Mild subluxation of the acromic clavicular joint noted with significant hypertrophy of the joint capsule.

BICEPS TENDON: There is tenosynovitis of the extra articular long head of the biceps tendon. LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator interval is normal.



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STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	GRAA69949
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CLINICAL HISTORY	N/F Pain due to Accident.	GENDER	M

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. Partial-thickness undersurface tear of the supraspinatus tendon.
- 2. Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.
- 3. Tenosynovitis of the extra articular long head of the biceps tendon.

Digitally Signed By: Imam, Naiyer

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