



Westchester Radiology & Imaging, PC

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PATIENT: EDWARDS OLGA
DOB: 11/29/1946
PHYSICIAN: DR. MATHEW
EXAM DATE: 11/01/2022

MRI OF THE LEFT SHOULDER

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the left shoulder were obtained in the axial, sagittal and coronal planes without intravenous or intraarticular contrast.

FINDINGS: There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid.

The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The rotator cuff tendons including the subscapularis, infraspinatus and teres minor are intact without MRI evidence of a tear or tendinosis/tendinopathy. The glenoid labrum is grossly intact. There are no masses associated with the glenohumeral joint.

There is a high-grade partial tear of the distal supraspinatus tendon. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis. There are moderate-to-severe osteoarthritic changes with subcortical cystic changes on the articular surface of the glenoid. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

IMPRESSION:

1. High-grade partial tear of the distal supraspinatus tendon.
2. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma.

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3. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff.
4. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.
5. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.
6. Moderate-to-severe osteoarthritic changes with subcortical cystic changes on the articular surface of the glenoid.
7. Mild joint effusion consistent with recent trauma or synovitis, in an appropriate clinical setting.

Steve B. Losik M.D.

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Board Certified Radiologist
Electronically Signed