

119-137 Clifford Street • Newark, New Jersey, 07105 Tel: (973) 508-1400 • Fax: (973) 522-2009

PATIENT:

BROWN, JASMINE

FILE#:

045022

DOB:

06/27/1991

DOS: PHYSICIAN:

08/02/2022 DR. KOPACH, ALEKSANDR

MRI OF THE LEFT SHOULDER:

Protocol: T1, T2 axial and sagittal sequences

Clinical history: Shoulder pain, s/p injury

Findings: The acromioclavicular joint is intact. There is no fracture or edema of the distal clavicle. There is undersurface hypertrophy and a down-sloping acromion process impinging upon the supraspinatus muscle tendon complex.

There is a high-grade partial tear of the distal supraspinatus tendon near the attachment site. Tendinosis and undersurface tear of the infraspinatus tendon are present. The subscapularis tendon is intact.

The humeral head is normal. There is no fracture or bone marrow edema. The long head of the biceps tendon is normally situated in the bicipital groove. There is fluid in the biceps tendon sheath surrounding the biceps tendon.

There is no acute labral tear. The inferior glenohumeral ligamentous complex is intact. The visualized musculature is normal in signal intensity.

IMPRESSION:

- 1. ACROMIOCLAVICULAR JOINT HYPERTROPHY IMPINGING UPON THE SUPRASPINATUS MUSCLE TENDON COMPLEX.
- 2. HIGH-GRADE PARTIAL TEAR OF THE DISTAL SUPRASPINATUS TENDON NEAR THE ATTACHMENT SITE AND TENDINOSIS AND UNDERSURFACE TEAR OF THE INFRASPINATUS TENDON.
- 3. FLUID IN THE SUBACROMIAL-SUBDELTOID BURSA.
- 4. BICEPS TENDINOSIS.

Thank you for the courtesy of this referral.

**** Electronically Signed ****
Charles DeMarco, M.D.
Diplomate, American Board of Radiology