

Community Medical Imaging

ACR Accredited Facility
159-16 Union Tpke • Fresh Meadows, NY 11366
Tel: 718-275-1010 • Fnx: 718-591-3300

PERVAIZ QURESHI, M.D. 79-09 B NORTHERN BLVD JACKSON HEIGHTS, NY 11372

PATIENT: EMMANUEL N. ALLOTEY

DOB: 12/18/1963 DOS: 08/07/2022 CHART #: 25543

EXAM: MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Frontal pain, limited motion.

TECHNIQUE: Multiplanar MR imaging of the left shoulder was performed without contrast on Hitachi open MRI unit.

Coronal T1, T2 and STIR; Sagittal T2; Axial PD and gradient echo images of the shoulder were obtained.

COMPARISON: None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

FINDINGS: There is mild enlargement of the supraspinatus and infraspinatus tendons. There is fluid noted at the subacromial - subdeltoid bursa.

A prominent insertional tendinopathy is seen at the supraspinatus tendon. There is irregularity at the midsubstance and bursal surface anteriorly at the infraspinatus tendons seen on image #6 of series #5.

The subscapularis and teres minor tendons are intact.

The anterior and posterior labra are unremarkable. There is no tear of the superior labrum.

The biceps anchor is unremarkable.

Transverse humeral ligament is unremarkable. There is no biceps tendon tear. There is minimal fluid at the AC joint. There is no AC separation. There is a type I acromion.

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Chest wall is unremarkable.

There is no seroma or hematoma.



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IMPRESSION:

1. A MIDSUBSTANCE AND BURSAL SURFACE TEAR IS SEEN ANTERIORLY AT THE INFRASPINATUS TENDON, AS NOTED.

- 2. A PROMINENT INSERTIONAL TENDINOPATHY OF THE SUPRASPINATUS TENDON IS SEEN.
- 3. THERE IS NO IMPINGEMENT. NO INCIDENTAL FINDINGS ARE SEEN.

Thank you for referring this patient to us.

Andrew McDonnell, MD

Neuroradiologist

Diplomate, American Board of Radiology

AM/man/pr D: 08/07/2022

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E-Sig By A. McDonnell, MD on 08/08/2022 06:52:40