

**AMI****American Medical Initiatives**

30-80 31st Street, Astoria, NY 11102
Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:	SANTANA, PEDRO	EXAM DATE:	04/30/2022 12:30 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	SANP64907
DOB:	07/20/1963	REFERRING PHYSICIAN:	Qureshi, Adnan
CLINICAL HISTORY	LEFT SHOULDER PAIN DUE TO MVA	GENDER	M

MAGNETIC RESONANCE IMAGING OF RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Right shoulder pain.

TECHNIQUE: Multiplanar, multi-sequence MRI of the right 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.

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.

AC JOINT: Mild acromioclavicular joint disease with capsular thickening and small marginal osteophytes. Lateral downsloping of the acromion with subacromial spurring. These factors contribute to rotator cuff impingement.

BICEPS TENDON: There is tenosynovitis of the extra articular long head of the biceps tendon.

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LABRUM/LIGAMENTS: There is a tear of the superior glenoid labrum.

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator Interval is normal.

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. Tear of the superior glenoid labrum.
3. Tenosynovitis of the extra articular long head of the biceps tendon.
4. Mild acromioclavicular joint disease contributing to rotator cuff impingement.

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