AMI
American Medical Initiatives

170-10 Cedarcroft Road, Jamaica, NY 11432
Tel: 718-206-1000 | Fax: 718-532-0633

PATIENT:	ROBERSON, KEVIN	EXAM DATE:	08/02/2022 6:20 PM
STUDY DESCRIPTION:	CT SHOULDER WITHOUT CONTRAST	MRN:	ROBK69895
DOB:	02/13/1964	REFERRING PHYSICIAN:	Feldman, Eric
CLINICAL HISTORY:	PAIN DUE TO ACCIDENT	GENDER	M

COMPUTED TOMOGRAPHY OF THE LEFT SHOULDER

HISTORY: Pain due to accident.

TECHNIQUE: Thin axial slices are obtained through the entire left shoulder. Sagittal and coronal reconstructions are obtained.

COMPARISON: None available.

FINDINGS:

OSSEOUS STRUCTURES: Few small bony fragments noted along the anterior aspect of the bony glenoid. Bony irregularity of the medial aspect of the humeral head noted.

ROTATOR CUFF:

SUPRASPINATUS: The supraspinatus tendon is grossly intact. No tendon retraction is found. No skeletal muscle atrophy is seen.
INFRASPINATUS: The infraspinatus tendon is grossly intact. No tendon retraction is found. No skeletal muscle atrophy is seen.
TERES MINOR: The teres minor tendon is grossly intact. No tendon retraction is found. No skeletal muscle atrophy is seen.
SUBSCAPULARIS: The subscapularis tendon is grossly intact. 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 by CT.

AC JOINT: Type I downsloping and inferior lateral lying acromion. These factors can contribute to

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rotator cuff impingement.

BICEPS TENDON: Grossly intact long-head of the biceps tendon.

LABRUM/LIGAMENTS: The labra are grossly intact.

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Unremarkable on CT.

GLENOHUMERAL CARTILAGE: Grossly intact articular cartilage.

SYNOVIUM/JOINT FLUID: Joint effusion noted.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

1. Few small bony fragments along the anterior aspect of the bony glenoid – compatible with old fracture sequelae. Myositis ossificans is a differential diagnosis.
2. Bony irregularity of the medial aspect of the humeral head – probable old fracture sequelae.
3. Joint effusion.
4. Type I downsloping and inferior lateral lying acromion. These factors can contribute to rotator cuff impingement.
5. Left shoulder is otherwise unremarkable. However, CT has limited evaluation of rotator cuff tendons and soft tissue pathology. If there is further clinical concern, MRI of the left shoulder may be obtained as clinically warranted.

Digitally Signed By: Imam, Naiyer

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