



To: Davis, Gordon
Exam: MRI LEFT SHOULDER
Exam Date: 08/18/2022 10:12 AM
Accession: 29928

Patient Name: Herman, Crystol
DOB: 12/02/1999
Gender: F
MRN: HerC6499

LEFT SHOULDER MRI WITHOUT CONTRAST

HISTORY: Left shoulder pain status post motor vehicle accident

TECHNIQUE: Multiplanar, multi-sequence MRI of the left shoulder was performed without intravenous contrast.

COMPARISON: None available.

FINDINGS:

ROTATOR CUFF: There is supraspinatus and infraspinatus tendinitis. The subscapularis and teres minor tendons are intact. There is no rotator cuff tear. There is fluid and edema within the subdeltoid/subacromial bursa in keeping with bursitis. There is thickening of the coracoacromial ligament which contributes to rotator cuff impingement.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: There is thickening and increased intrinsic signal of the acromioclavicular joint capsule consistent with sprain sequelae.

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

LABRUM/LIGAMENTS: There is a tear at the base of the superior glenoid labrum anterior to posterior (SLAP tear). This is best seen on images 12–13 of the coronal PD fat-saturated series 5.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

MARROW: Normal marrow signal.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

Tear at the base of the superior glenoid labrum anterior to posterior (SLAP tear).



HIGHLINE
RADIOLOGY

Highline Radiology

138-21 Queens Blvd.

Briarwood, NY 11435

Tel: 718-480-1250 Fax: 718-480-6720

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Tenosynovitis of the extra articular long head of the biceps tendon.

Supraspinatus and infraspinatus tendinitis with subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to thickening of the coracoacromial ligament.

Acromioclavicular joint capsule sprain sequelae.

Electronically Signed by: Borukhov, David MD on 08/18/2022 12:26 PM