

PATIENT NAME: PENA MARIA
REFERRING PHYSICIAN: DR. MATHEW

DOB: 12/17/1965
DOS: 05/31/2022

MRI OF THE LEFT SHOULDER

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the left shoulder were obtained in the axial, sagittal and coronal planes without intravenous or intraarticular contrast.

FINDINGS: There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid. The acromioclavicular joint is intact.

The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The rotator cuff tendons including the infraspinatus and teres minor are intact without MRI evidence of a tear or tendinosis/tendinopathy. The glenoid labrum is grossly intact. There is no joint effusion. There are no masses associated with the glenohumeral joint.

There is a partial tear of the distal supraspinatus tendon. There is a partial tear of the distal subscapularis tendon. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.

IMPRESSION:

1. Partial tear of the distal supraspinatus tendon.
2. Partial tear of the distal subscapularis tendon.
3. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.
4. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.
5. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed