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PATIENT:	BARRINGTON, HANNAM	EXAM DATE:	07/26/2022 5:00 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	BARH71617
DOB:	10/26/1967	REFERRING PHYSICIAN:	Jurkowich, Michael
CLINICAL HISTORY:	pain in both shoulders after mva	GENDER:	F ,

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Pain in both shoulders after motor vehicle accident.

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

COMPARISON: None available.

FINDINGS:

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

ROTATOR CUFF:

SUPRASPINATUS: The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

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: Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

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.



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

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.

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. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
- 2. Mild acromioclavicular joint disease contributing to rotator cuff impingement.
- 3. Tenosynovitis of the extra articular long head of the biceps tendon.

Digitally Signed By: Imam, Naiyer

Digitally Signed Date: 07/28/2022 10:38 AM