



1500 ASTOR AVENUE
BRONX, NY 10469
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PATIENT NAME: DICKSON MARCUS
REFERRING DR. BARAKAT
PHYSICIAN:

DOB: 07-30/1969
DOS: 06-18/2022

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: Motion artifact significantly diminishes sensitivity of this examination. There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid.

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 high-grade partial tear of the distal supraspinatus tendon. There is a partial tear of the distal subscapularis tendon. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.

IMPRESSION:

1. High-grade partial tear of the distal supraspinatus tendon.
2. Partial tear of the distal subscapularis tendon.
3. Productive hypertrophic changes of the acromioclavicular joint with impingement of rotator cuff.
4. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma.

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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