



To: Davis, Gordon  
Exam: MRI LEFT SHOULDER  
Exam Date: 06/15/2022 4:58 PM  
Accession: 26432

Patient Name: Shaw Hopkin, Billie  
DOB: 05/15/1973  
Gender: F  
MRN: ShaB5693

**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 subdeltoid/subacromial bursal thickening and edema consistent with bursitis.

**MUSCLES:** No muscle edema or fatty muscle atrophy.

**AC JOINT:** Intact. There is anterior downsloping of the acromion which contributes to rotator cuff impingement.

**BICEPS TENDON:** Intact long head of the biceps tendon.

**LABRUM/LIGAMENTS:** There is a tear of the anterior inferior glenoid labrum with an 11 x 11 mm paralabral cyst.

**GLENOHUMERAL CARTILAGE:** There is deep chondral fissuring with subchondral cystic change at the anterior superior glenoid.

**SYNOVIUM/JOINT FLUID:** There is small glenohumeral joint fluid.

**MARROW:** Normal marrow signal.

**NEUROVASCULAR STRUCTURES:** Normal in course and caliber.

**PERIPHERAL SOFT TISSUES:** Normal.

**IMPRESSION:**

Tear of the anterior inferior glenoid labrum with an 11 x 11 mm paralabral cyst.



**HIGHLINE**  
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Deep chondral fissuring with subchondral signal alteration at the anterior superior glenoid.

Supraspinatus and infraspinatus tendinitis with subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to anterior downsloping of the acromion.

Electronically Signed by: Borukhov, David MD on 06/16/2022 11:29 AM