AMI
American Medical Initiatives

30-80 31st Street, Astoria, NY 11102
Tel: 718-335-7100 | Fax: 718-709-4136

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| **PATIENT:** | SANTANA, PEDRO | **EXAM DATE:** | 04/30/2022 12:00 PM |
| **STUDY DESCRIPTION:** | MRI SHOULDER WITHOUT CONTRAST | **MRN:** | SANP64907 |
| **DOB:** | 07/20/1963 | **REFERRING PHYSICIAN:** | Qureshi, Adnan |
| **CLINICAL HISTORY** | rt shoulder pain | **GENDER** | M |

**MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST**

**HISTORY:** Left shoulder pain.

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

**COMPARISON:** None available.

**OSSEOUS STRUCTURES/MARROW:** Normal marrow signal.

**ROTATOR CUFF:**

SUPRASPINATUS: There is a partial-thickness bursal surface tear of the supraspinatus tendon.
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.

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**AC JOINT:** AC joint hypertrophy may contribute to rotator cuff impingement.

**BICEPS TENDON:** Intact 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. Partial-thickness bursal surface tear of the supraspinatus tendon.
2. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
3. AC joint hypertrophy may contribute to rotator cuff impingement.

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