

MED AID RADIOLOGY, LLC

481 NORTH 13TH STREET, NEWARK N.J. 07107, TEL:973-481-7770 FAX: 973-481-7755

PATIENT NAME: VARGAS, MIGUEL
DATE OF BIRTH: 05/03/1964
MRN #: M18767
DATE OF SERVICE: 03/09/2022
REFERRING PHYSICIAN: COLIN CLARKE, MD

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

INDICATION: MVA; left shoulder pain; assess for RCT.

Technique: Exam is performed utilizing fast spin echo, coronal oblique, sagittal oblique, and axial imaging as well as gradient echo axial image.

Comparison: No prior studies were available for comparison at the time of dictation.

Findings: AC joint arthrosis. No separation. Joint effusion. No narrowing of the humeroacromial interval. No narrowing of the supraspinatus outlet.

Infraspinatus tendinopathy. No muscle atrophy or tear.

Supraspinatus tendinopathy and fraying. 3-mm articular tear at the anterior insertion. Bursitis. No muscle atrophy or tear.

Biceps is intact in the groove. Tendinopathy extends to the anchor. No tenosynovitis.

Subscapularis is intact. No muscle atrophy or tear.

Posterior inferior labrum nondisplaced tear. 5-mm posterior inferior labral cyst versus peripheral subchondral cyst mimicking labral cyst. Anterior inferior labrum nondisplaced tear. Superior labrum fraying and tear.

Anterior capsule is intact. Minimal thickening. Posterior capsule is intact. Thickening below the equator.

No fracture, dislocation or erosion. Joint effusion.

Impression:

- 1. Fraying and tear of the superior labrum. Inferior labral tear. 5-mm posterior inferior labral cyst versus peripheral subchondral cyst mimicking labral cyst.**
- 2. AC joint arthrosis. Supraspinatus tendinopathy and fraying with 3-mm articular tear at the anterior insertion.**

Thank you for the opportunity to participate in the care of this patient.

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Musculoskeletal and Spine Specialist

Signed by MARK J. DECKER, MD at 03/12/2022 11:18:14 PM