



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

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PATIENT:	RODRIGUEZ,RAFAEL	EXAM DATE:	09/12/2022 10:41 AM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	RODR75715
DOB:	10/24/1968	REFERRING PHYSICIAN:	Jurkovich, Michael
CLINICAL HISTORY:	NF left shoulder PAIN DUE TO MVA	GENDER:	M

X 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

FINDINGS:

OSSEOUS STRUCTURES/MARROW there is no fracture or dislocation. There is no abnormal bone marrow signal.

ROTATOR CUFF

SUPRASPINATUS: There is increased signal at the anterior leading edge of the supraspinatus tendon at the greater tuberosity with fluid above and below the tendon representing partial tear. There is no muscle or tendon retraction

INFRASPINATUS: Intact

TERES MINOR: Intact

SUBSCAPULARIS: Intact.

MUSCLES: No muscle edema fatty atrophy

SUBACROMIAL/SUBDELTOID: No subacromial subdeltoid bursitis



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AC JOINT : AC hypertrophy causing supraspinatus outlet obstruction.

BICEPS TENDON: Long head biceps tendon is normal in the bicipital groove with tenosynovitis

LABRUM/LIGAMENTS: Labrum and ligaments intact

CORCOACROMIAL/ROTATOR: Rotator interval intact

GLENOHUMERAL CARTILAGE: Normal cartilage

SYNOVIUM/JOINT FLUID: No joint effusion

NEUROVASCULAR STRUCTURES: Intact

PERIPHERAL SOFT TISSUES: Intact

IMPRESSION:

1.increased signal at the anterior leading edge of the supraspinatus tendon at the greater tuberosity with fluid above and below the tendon representing partial tear. There is no muscle or tendon retraction

2.Long head biceps tendon is normal in the bicipital groove with tenosynovitis

Digitally Signed By: Izzo, Joseph

Digitally Signed Date: 09/15/2022 8:29 AM