

PATIENT NAME: MIRANDER JAMEEL  
REFERRING PHYSICIAN: DR. JEAN PIERRE

DOB: 04/02/1989  
DOS: 05/14/2022

## 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:** 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 subscapularis, 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 partial tear of the distal supraspinatus tendon. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma.

## IMPRESSION:

1. Partial tear of the distal supraspinatus tendon.
2. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.
3. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.
4. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma.

*Steve B. Losik M.D.*

Steve B. Losik, M.D.  
Board Certified Radiologist  
Electronically Signed