

SKY RADIOLOGY

PATIENT NAME	WELCH, JENNIFER
D.O.B.	12/13/1982
PATIENT #	0000013495
DATE OF SERVICE	05/22/2022
REF. PHYSICIAN	RYBSTEIN, MARC MD

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

INDICATION: Left shoulder pain

COMPARISON: No prior study was available for comparison at the time of dictation.

TECHNIQUE: T1, T2, and PD, axial, coronal, and sagittal sequences were obtained.

FINDINGS:

No fracture or suspicious lesion. No os acromiale or intra-articular loose body. Moderate hypertrophic osteoarthritis of the AC joint with type III acromion morphology which is indenting into the rotator cuff space resulting in impingement in appropriate clinical setting. No evidence of significant glenohumeral compartment arthritis and glenohumeral cartilage grossly intact.

Tendinosis and fraying supra-and infraspinatus tendon

The subscapularis and teres minor tendon is normal. No evidence of muscle atrophy or fatty infiltration.

Intact labrum.

Intact biceps tendon and bicipital labral anchor complex.

The inferior glenohumeral ligament is intact.

No significant effusion. Moderate subacromial/subdeltoid bursitis.

IMPRESSION:

1. Moderate hypertrophic osteoarthritis of the AC joint with type II acromion morphology, indenting into the rotator cuff space resulting in impingement in appropriate clinical setting.

2. Moderate subacromial subdeltoid bursitis

SKY RADIOLOGY P.C.

210-12 NORTHERN BLVD, BAYSIDE, NY 11361 * TEL 718-224-8800 * FAX 718-224-8822

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3. Tendinosis and fraying of the supra and infraspinatus tendon

Thank you for this kind referral of this patient.

B.V. Reddy MD

B.V. Reddy M.D.
Diagnostic Radiologist and Nuclear Medicine Physician
Diplomat of ABNM and ABR
MRI and Breast Imaging Specialist

Electronically Signed by REDDY, B.V. MD DR. at 5/29/2022 10:30:33 AM