



To:	Davis, Gordon	Patient Name:	Xol Cuc, Manuel
Exam:	MRI LEFT SHOULDER	DOB:	04/20/1974
Exam Date:	08/09/2022 5:04 PM	Gender:	M
Accession:	28399	MRN:	XoIM6108

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 available.

FINDINGS:

ROTATOR CUFF: There is a partial tear of the distal infraspinatus tendon with interstitial and articular surface components. There is supraspinatus and infraspinatus tendinitis. There is subdeltoid/subacromial bursal thickening and edema consistent with bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: There is moderate acromioclavicular joint disease with capsular thickening which exerts mass-effect on the supraspinatus myotendinous junction. There is lateral downsloping of the acromion which also contribute to rotator cuff impingement.

BICEPS TENDON: Intact long head of the biceps tendon.

LABRUM/LIGAMENTS: There is a tear of the posterior superior glenoid labrum best appreciated on images 14-15 of the coronal PD fat-saturated series 5.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

MARROW: Normal marrow signal.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

Partial tear of the distal infraspinatus tendon with interstitial and articular surface components. Background of supraspinatus and infraspinatus tendinitis. Associated subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to lateral downsloping of the acromion



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and moderate acromioclavicular joint disease.

Tear of the posterior superior glenoid labrum.

Electronically Signed by: Borukhov, David MD on 08/10/2022 12:02 PM