

30-80 31st Street, Astoria, NY 11102 Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT: EXAM DATE: SEABROOK, LATOYA 06/21/2022 12:41 PM STUDY MRI SHOULDER WITHOUT CONTRAST MRN: SEAL61713 DESCRIPTION: DOB: 10/08/1976 REFERRING Qureshi, Adnan PHYSICIAN: C/O LT SHOULDER PAIN DUE TO MVA CLINICAL GENDER **HISTORY** 

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Complains of left shoulder pain due to motor vehicle accident.

TECHNIQUE: Multiplanar, multi-sequence MRI of the left shoulder was performed without intravenous contrast.

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

## **ROTATOR CUFF:**

SUPRASPINATUS: The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

INFRASPINATUS: The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

MUSCLES: No muscle edema or fatty muscle atrophy.

ACJOINT: Intact.

BICEPS TENDON: There is tenosynovitis of the extra articular long head of the biceps tendon. LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.



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CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator Interval is normal.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

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

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

## IMPRESSION:

- 1. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
- 2. Tenosynovitis of the extra articular long head of the biceps tendon.

Digitally Signed By: Imam, Naiyer

Digitally Signed Date: 06/22/2022 9:15 AM