



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

PATIENT:	DOUMBOUYA, IBRAHIM	EXAM DATE:	05/12/2022 1:17 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	DOUI61440
DOB:	04/11/1963	REFERRING PHYSICIAN:	Qureshi, Adnan
CLINICAL HISTORY	C/O LT SHOULDER PAIN DUE TO MVA	GENDER	M

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Complains of 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.

AC JOINT: Mild subluxation of the acromioclavicular joint noted with significant hypertrophy of the joint capsule.



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BICEPS TENDON: There is tenosynovitis of the extra articular long head of the biceps tendon.

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.

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 subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.
2. Tenosynovitis of the extra articular long head of the biceps tendon.
3. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

Digitally Signed By: Imam, Naiyer
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