



36-80 31st Street, Astoria, NY 11102  
Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:	YOUMANS, PRINCE	EXAM DATE:	07/20/2022 2:36 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	YOU71062
DOB:	01/17/1984	REFERRING PHYSICIAN:	Mcgee, John J.
CLINICAL HISTORY:	C/O LT SHOULDER PAIN DUE TO MVA	GENDER:	M

# **MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST**

**HISTORY:** Complaints 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.

## **FINDINGS:**

**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.

**MUSCLES:** No muscle edema or fatty muscle atrophy.

**AC JOINT:** Bone marrow edema noted in clavicular aspect of AC joint. Mild widening of AC joint space is noted along with surrounding PD fat sat hyperintensities- grade I injury.



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BICEPS TENDON: Intact 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: There is a joint effusion.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

#### IMPRESSION:

1. Bone marrow edema in clavicular aspect of AC joint.
2. Mild widening of AC joint space is along with surrounding PD fat sat hyperintensities- grade I injury.
3. Mild fluid in subacromial-subdeltoid bursa.
4. Joint effusion.

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