

PATIENT NAME: MILLOGO CORANTIN  
REFERRING PHYSICIAN: DR. BARAKAT

DOB: 12/12/1965  
DOS: 02/28/2022

## **MRI OF THE LEFT SHOULDER**

**INDICATION:** Pain.

**TECHNIQUE:** Multiple T1 and T2 weighted MRI images of the left shoulder were obtained in the axial, sagittal and coronal planes without intravenous or intraarticular contrast.

**FINDINGS:** There are no acute displaced fractures, dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid.

The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The rotator cuff tendons including the supraspinatus and teres minor are intact without MRI evidence of a tear or tendinosis/tendinopathy. The glenoid labrum is grossly intact. There is no joint effusion. There are no masses associated with the glenohumeral joint.

There is a partial tear of the distal subscapularis tendon. There is a partial tear of the distal infraspinatus tendon. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting. Type III acromion with impingement of rotator cuff, in an appropriate clinical setting. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.

## **IMPRESSION:**

1. Partial tear of the distal subscapularis tendon.
2. Partial tear of the distal infraspinatus tendon.
3. Fluid in the subacromial/subdeltoid bursa suggestive of underlying rotator cuff tears and/or subacromial/subdeltoid bursitis, in an appropriate clinical setting.
4. Type III acromion with impingement of rotator cuff, in an appropriate clinical setting.
5. Edema in the distal clavicle and adjacent acromion with fluid in the acromioclavicular joint, consistent with recent trauma.
6. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.

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7. Fluid in the long head of the biceps tendon sheath consistent with tenosynovitis.

*Steve B. Losik M.D.*

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Steve B. Losik, M.D.  
Board Certified Radiologist  
Electronically Signed