

Exammeduested by: JOSEPH WEINSTEIN MD 1150 PARK AVE NEW YORK NY 10128

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SITE PERFORMED: LHR ELMHURST

QUEENS BLVD

SITE PHONE: (718) 544-5151

Patient: BARZOLA GUEVARA, JORGE

Date of Birth: 09-28-1988 Phone: (347) 640-7162

MRN: 15109389R Acc: 1023556103

Date of Exam: 06-28-2022

EXAM: MRILEFT SHOULDER WITHOUT CONTRAST

HISTORY: Left shoulder pain, status post injury.

TECHNIQUE: Multiplanar, multisequence noncontrast MRI of the left shoulder was obtained on a 3T scanner according to standard protocol.

COMPARISON: None,

## FINDINGS:

Rotator cuff Intact rotator cuff tendons. No atrophy of the rotator cuff musculature...

Glenohumeral joint: Intact glenoid labrum. Generally preserved glenohumeral articular cartilage. Small glenohumeral joint effusion/synovitis.

Long bloeps tendon and rotator cuff interval: Intact long head bloeps tendon in normal position within the bicipital groove. Normal rotator cuff interval.

Acromicclavicular joint and rotator cuff outlet: Intact acromicclavicular joint. Neutral position and orientation of the anterior acromion. Os acromiale.

Bursae: Thickened and inflamed subacromial-subdelloid bursa.

Osseous structures: Normal bone marrow signals: There are no fractures.

Other: Normal quadrilateral and axillary spaces. Localized T2-signal hyperintensity within the lateral deltoid muscle compatible with a muscle tear. Normal visualized pectoralis major and minor, coracobrachialis, teres major, and lateral and long heads of the triceps muscles.

IMPRESSION: MRI of the left shoulder demonstrates:

1. Lateral delloid muscle tear

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me to present the work

- 2. Thickened and inflamed subacromial-subdeltold bursa.
- 3. Os acromiale
- 4. Small glenchumeral joint effusion/synovitis.

Thank you for the opportunity to participate in the care of this patient.

DAVID MILBAUER MD - Electronically Signed: 07-04-2022 3:19 PM Physician to Physician Direct Line is: (646) 367-8744