



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

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|--------------------|--------------------------------------|-------------------------|-------------------------|
| PATIENT: | MAURICE, PAYNE | EXAM DATE: | 30-Sep-2022 9:32 AM |
| STUDY DESCRIPTION: | MRI SHOULDER WITHOUT CONTRAST LT | MRN: | MAUP1021 |
| DOB: | 14-May-1963 | REFERRING PHYSICIAN: | Jurkovich, Michael M.D. |
| CLINICAL HISTORY: | NF left shoulder PAIN DUE TO MVA. | GENDER: | M |

MRI left shoulder without IV contrast

Clinical history: Pain at a time of MVA

Comparison: None

Description:

Multiplanar, multiecho pulse sequence MRI of the left shoulder was performed without IV contrast

Osseous structures/bone marrow: There is no fracture or dislocation. no abnormal bone marrow signal.

Rotator cuff

Supraspinatus: There is increased intrasubstance signal at the anterior leading edge of the supraspinatus tendon indicating tendinopathy. There was no muscle or tendon tear.

Infraspinatus: intact

Tear is minor: intact

Subscapularis: intact



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Muscles: there is no muscle edema or fatty atrophy

AC joint: There is increased fluid at the AC joint with hypertrophy contributing to supraspinatus outlet obstruction

bursa: Subacromial subdeltoid bursitis present

Biceps tendon: There is normal appearance of the biceps tendon within the bicipital groove with tenosynovitis.

Labrum/ligament: Intact

Coracoacromial ligament/rotator interval: Intact

Neurovascular bundle: Intact

Soft tissues: Unremarkable

Impression

- 1.increased intrasubstance signal at the anterior leading edge of the supraspinatus tendon indicating tendinopathy
- 2.increased fluid at the AC joint with hypertrophy contributing to supraspinatus outlet obstruction
- 3.Subacromial subdeltoid bursitis present
4. Biceps tendon and tenosynovitis

Digitally Signed By: Izzo, Joseph



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