



To: Davis, Gordon
Exam: MRI LEFT SHOULDER
Exam Date: 05/18/2022 9:03 AM
Accession: 24097

Patient Name: Diaz, Jenll
DOB: 04/19/1987
Gender: F
MRN: DiaJ5193

LEFT SHOULDER MRI WITHOUT CONTRAST

HISTORY: Left shoulder pain status post motor vehicle accident

TECHNIQUE: Multiplanar, multi-sequence MRI of the left shoulder was performed without intravenous contrast.

COMPARISON: None available.

FINDINGS:

ROTATOR CUFF: There is supraspinatus and infraspinatus tendinitis. The subscapularis and teres minor tendons are intact. There is no rotator cuff tear.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: There is thickening and increased intrinsic signal of the acromioclavicular joint capsule consistent with sprain sequelae. There is moderate acromioclavicular joint disease with subchondral cystic changes. There is lateral downsloping of the acromion and thickening of the coracoacromial ligament which contribute to rotator cuff impingement. There is edema and fluid within the subdeltoid/subacromial bursa consistent with bursitis.

BICEPS TENDON: Intact long head of the biceps tendon.

LABRUM/LIGAMENTS: There is a tear of the inferior glenoid labrum with a 6 x 3 mm paralabral cyst decompressing inferiorly.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

MARROW: Normal marrow signal.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

Tear of the inferior glenoid labrum with a 6 x 3 mm paralabral cyst decompressing inferiorly.



HIGHLINE
RADIOLOGY

Highline Radiology

138-21 Queens Blvd.

Briarwood, NY 11435

Tel: 718-480-1250 Fax: 718-480-6720

To:	Davis, Gordon	Patient Name:	Diaz, Jenill
Exam:	MRILEFT SHOULDER	DOB:	04/19/1987
Exam Date:	05/18/2022 9:03 AM	Gender:	F
Accession:	24097	MRN:	DiaJ5193

Supraspinatus and infraspinatus tendinitis with subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to lateral downsloping of the acromion and thickening of the coracoacromial ligament.

Acromioclavicular joint capsule sprain sequelae. Background of moderate acromioclavicular joint disease.

Electronically Signed by: Borukhov, David MD on 05/18/2022 7:49 PM