



30-80 31st Street, Astoria, NY 11102
Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:	GALINDEZ, YAJAIRA	EXAM DATE:	03/24/2022 8:30 AM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	GALY59412
DOB:	09/20/1982	REFERRING PHYSICIAN:	Qureshi, Adnan
CLINICAL HISTORY:	LT SHOULDER PAIN WC	GENDER:	F

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Left shoulder pain work accident.

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

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Normal marrow signal.

ROTATOR CUFF:

SUPRASPINATUS: There is a partial-thickness undersurface tear of the supraspinatus tendon.

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: No fluid in subacromial-subdeltoid bursa to suggest bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: AC joint hypertrophy may contribute to rotator cuff impingement.

BICEPS TENDON: There is tenosynovitis of the extra articular 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: No joint effusion or synovial thickening.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

1. Tenosynovitis of the extra articular long head of the biceps tendon.
2. Partial-thickness undersurface tear of supraspinatus tendon.
3. AC joint hypertrophy may contribute to rotator cuff impingement.



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Digitally Signed By: Imam, Naiyer
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