

40-34 74th Street, Elmhurst, NY 11373
Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:	NICOLAS, NOEMY	EXAM DATE:	05/14/2022 6:35 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	NICN63397
DOB:	04/30/1979	REFERRING PHYSICIAN:	Zilberman, Igor DC
CLINICAL HISTORY:	NF PAIN DUE TO ACCIDENT		

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Pain due to 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: The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

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: There is increased T2 signal in the musculotendinous junction compatible with subscapularis tendonitis. Associated mild fluid noted in the superior subscapular recess. No tendon retraction is found. No skeletal muscle atrophy is seen.

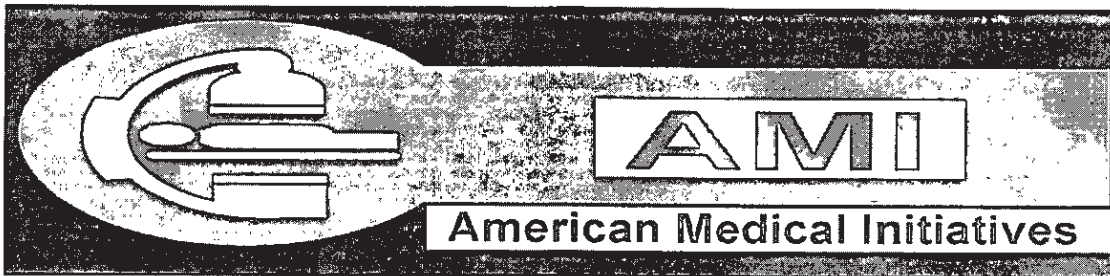
SUBACROMIAL/SUBDELTOID BURSA: Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: Mild subluxation of the acromioclavicular joint noted with significant hypertrophy of the joint capsule.

BICEPS TENDON: Intact long-head of the biceps tendon.

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.



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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. Subscapularis tendonitis with associated mild fluid in the superior subscapular recess.
2. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
3. Mild subluxation of the acromioclavicular joint with significant hypertrophy of the joint capsule.

Digitally Signed By: Imam, Naiyer
Digitally Signed Date: 05/16/2022 4:55 AM