

**AMI****American Medical Initiatives**

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

PATIENT:	DE LA CRUZ REYES, LILIANA	EXAM DATE:	06/20/2022 12:53 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	DE L70074
DOB:	12/11/1995	REFERRING PHYSICIAN:	Qureshi, Adnan
CLINICAL HISTORY	C/O LT SHOULDER PAIN DUE TO MVA	GENDER	F

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST**HISTORY:** Complaints of left shoulder pain due to motor vehicle 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:** 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:** Intact.**BICEPS TENDON:** There is tenosynovitis of the extra articular long head of the biceps tendon.



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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. Partial-thickness undersurface tear of the supraspinatus tendon.
2. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
3. Tenosynovitis of the extra articular long head of the biceps tendon.

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