



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

1575 Hillside Ave, Suite 100
New Hyde Park, NY 11040
Tel: 516 962 9544, 516 962 9599
Cell: 516 549 6963
Fax: 516 467 3130
Email: qri.newhydepark@yahoo.com

PATIENT:	ETIENNE, MAGALIE	EXAM DATE:	06/29/2022 2:18 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	ETIM70588
DOB:	11/29/1971	REFERRING PHYSICIAN:	Jurkowich, Michael
CLINICAL HISTORY:	PAIN IN LT. SHOULDER AFTER MVA	GENDER:	F

Magnetic resonance imaging of the left shoulder without IV contrast

Clinical history left shoulder pain after MVA

Comparison: None

Technique:

A MRI of the left shoulder was performed using multiplanar, multiecho pulse sequence. No IV contrast was given.

Osseous structures/marrow: There is increased signal at the greater tuberosity of the glenoid humerus.
There is no osteonecrosis
Rotator cuff

Supraspinatus: There is increased signal seen at the anterior leading edge of the supraspinatus with fluid inferiorly representing partial tear at the articular surface. There is no muscle or tendon retraction
infraspinatus: Infraspinatus muscle and tendons are intact
Teres minor: Teres minor muscles and tendons are intact
Subscapularis: Subscapularis muscles and tendons are intact

Subacromial/subdeltoid bursa: Increase fluid seen in the subacromial subdeltoid bursa indicating bursitis

Muscles: No muscle edema or fatty atrophy

AC joint: Hypertrophy contributing to supraspinatus outlet obstruction

Biceps tendon: The long head biceps tendon is within the bicipital groove with tenosynovitis

Labrum/ligaments: No labral tear or ligament abnormalities



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

1575 Hillside Ave, Suite 100
New Hyde Park, NY 11040
Tel: 516 962 9544, 516 962 9599
Cell: 516 549 6963
Fax: 516 467 3130
Email: qri.newhydepark@yahoo.com

PATIENT:	ETIENNE, MAGALIE	EXAM DATE:	06/29/2022 2:18 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	ETIM70588
DOB:	11/29/1971	REFERRING PHYSICIAN:	Jurkovich, Michael
CLINICAL HISTORY:	PAIN IN LT. SHOULDER AFTER MVA	GENDER:	F

Coracoacromial ligament/rotator interval: Rotator interval is normal
Glenohumeral cartilage: Cartilage is intact
Synovium/joint fluid: No joint effusion or synovial thickening
Neurovascular structures: Normal in course and caliber
Peripheral soft tissues: Normal

Impression:

1. Increased signal at the greater tuberosity of the glenoid humerus. There is no osteonecrosis
2. Increased signal seen at the anterior leading edge of the supraspinatus with fluid inferiorly representing partial tear at the articular surface.
3. Increase fluid seen in the subacromial subdeltoid bursa indicating bursitis
4. Hypertrophy contributing to supraspinatus outlet obstruction
5. Long head biceps tendon is within the bicipital groove with tenosynovitis

Digitally Signed By: Izzo, Joseph
Digitally Signed Date: 06/30/2022 8:52 PM