



To: Davis, Gordon
Exam: MRI LEFT SHOULDER
Exam Date: 07/28/2022 3:58 PM
Accession: 29014

Patient Name: Britton, Dudley
DOB: 06/01/1970
Gender: M
MRN: BriD6303

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 are interstitial tears of the distal supraspinatus tendon and at the attachment of the subscapularis tendon. There is supraspinatus, infraspinatus, and subscapularis tendinitis. There is fluid and edema within the subdeltoid/subacromial bursa consistent with bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: There is mild to moderate acromioclavicular joint disease with capsular thickening which exerts mass-effect on the supraspinatus myotendinous junction. There is additional thickening of the coracoacromial ligament which also contributes to rotator cuff impingement.

BICEPS TENDON: There is tenosynovitis of the extra articular long head of the biceps tendon. There is tendinitis of the proximal extra-articular portion of the tendon.

LABRUM/LIGAMENTS: There is a tear of the posterior superior glenoid labrum best seen on image 10 of the axial oblique series 4.

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:



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Interstitial tears of the distal supraspinatus and subscapularis tendons superimposed on supraspinatus, infraspinatus, and subscapularis tendinitis. Associated subdeltoid/subacromial bursitis. Evidence of rotator cuff impingement secondary to acromioclavicular joint disease with capsular thickening as well as thickening of the coracoacromial ligament.

Tear of the posterior superior glenoid labrum.

Tendinitis of the proximal extra articular portion of the long head of the biceps tendon with superimposed tenosynovitis.

Electronically Signed by: Borukhov, David MD on 07/29/2022 5:56 PM