



# QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

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PATIENT:	BARNES, CLIFFORD	EXAM DATE:	05/28/2022 9:30 AM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	BARC69244
DOB:	09/28/1975	REFERRING PHYSICIAN:	Jurkovich, Michael
CLINICAL HISTORY	N/F PAIN DUE TO ACCIDENT.	GENDER	M

## 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:** 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:** 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.



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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. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
2. Tenosynovitis of the extra articular long head of the biceps tendon.
3. AC joint hypertrophy may contribute to rotator cuff impingement.

Digitally Signed By: Imam, Nalyer  
Digitally Signed Date: 05/30/2022 6:04 PM