



---

313 43<sup>RD</sup> Street, LLB, Brooklyn, NY 11232  
Tel: (718) 370-7777 Fax: (718) 682-3833  
www.citimedny.com

---

**PATIENT NAME:** ESCOLASTICO, SANDRA  
**DATE OF BIRTH:** 09/26/1972  
**MRN #:** BK15104  
**DATE OF SERVICE:** 08/11/2022 06:15:26 PM  
**REFERRING PHYSICIAN:** JORDAN FERSEL, MD

**PROCEDURE: MRI OF THE LEFT SHOULDER**

**INDICATION:** Date of accident: 07/13/2022. Pain

**TECHNIQUE:** Multiple pulse sequences were obtained in the coronal, sagittal and axial planes.

**COMPARISON:** None

**FINDINGS:**

The subcutaneous tissues are maintained. The acromioclavicular joints are intact.

The labrum is intact.

The biceps tendon is intact.

Effusion is noted within the glenohumeral joint.

Effusion is identified within the subdeltoid bursa.

The subscapularis tendon is intact. Partial longitudinal tear is noted involving the distal supraspinatus tendon measuring 1.7 cm. Tendinopathy of the infraspinatus tendon is identified. The teres minor tendon is intact.

**IMPRESSION:**

1. Effusion within the subdeltoid bursa.
2. Effusion at the glenohumeral joint.
3. Partial longitudinal tear of the distal supraspinatus tendon.
4. Tendinopathy of the infraspinatus tendon.

Thank you for the opportunity to participate in the care of this patient.



---

313 43<sup>RD</sup> Street, LLB, Brooklyn, NY 11232  
Tel: (718) 370-7777 Fax: (718) 682-3833  
www.citimedny.com

---

<b>PATIENT NAME:</b>	<b>ESCOLASTICO, SANDRA</b>
<b>DATE OF BIRTH:</b>	<b>09/26/1972</b>
<b>MRN #:</b>	<b>BK15104</b>
<b>DATE OF SERVICE:</b>	<b>08/11/2022 06:15:26 PM</b>
<b>REFERRING PHYSICIAN:</b>	<b>JORDAN FERSEL, MD</b>

A handwritten signature in black ink, appearing to read "Reginald J. Denis", is written over a horizontal line.

**REGINALD J. DENIS, M.D.**  
**Diagnostic Neuroradiologist**

Signed by REGINALD DENIS, MD at 08/12/2022 11:08:13 AM