



QUEENS RADIOLOGY IMAGING PC

DIAGNOSTIC RADIOLOGY

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PATIENT:	VEGA-RIOS, EMERSON D	EXAM DATE:	08/08/2022 10:30 AM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	VEGE71153
DOB:	12/17/1999	REFERRING PHYSICIAN:	Prince, Matthew FNP
CLINICAL HISTORY:	N/F CASE LT SHOULDER PAIN AFTER MVA.	GENDER:	M

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.

FINDINGS:

OSSEOUS STRUCTURES/ MARROW: There is no fracture or dislocation. There is no abnormal bone marrow signal or osteonecrosis.

ROTATOR CUFF

supraspinatus: There is increased signal at the anterior leading edge of the supraspinatus indicating tendinopathy.

infraspinatus: Muscles and tendons are intact

teres minor: Muscles and tendons intact

subscapularis: Muscles and tendons are intact

SUBACROMIAL/ SUBDELTOID BURSA: There is fluid seen in the subacromial subdeltoid bursa indicating bursitis.

MUSCLES: There is no muscle edema or fat atrophy



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AC JOINT : There is AC hypertrophy contributing with supraspinous outlet obstruction
BICEPS TENDON: Biceps tendon has a longitudinal split is within the bicipital groove with tenosynovitis present
CORACOACROMIAL LIGAMENT/ ROTATOR : Normal and intact
LABRUM/LIGAMENTS: Labrum and ligaments are intact
GLENOHUMERAL CARTILAGE: Articular cartilages intact

SYNOVIUM/JOINT FLUID: No synovial hypertrophy or joint effusion present
NEUROVASCULAR STRUCTURES: Normal in caliber and course
PERIPHERAL SOFT TISSUES: Normal

IMPRESSION:

1. increased signal at the anterior leading edge of the supraspinatus indicating tendinopathy.
2. fluid seen in the subacromial subdeltoid bursa indicating bursitis.
3. AC hypertrophy contributing with supraspinous outlet obstruction
4. Biceps tendon has a longitudinal split is within the bicipital groove with tenosynovitis present

Digitally Signed By: Izzo, Joseph
Digitally Signed Date: 08/09/2022 12:51 PM