

MED AID RADIOLOGY, LLC

481 NORTH 13TH STREET, NEWARK N.J. 07107, TEL: 973-481-7770 FAX: 973-481-7755

PATIENT NAME: VARGAS, DIVANY
DATE OF BIRTH: 07/22/1998
MRN #: M19323
DATE OF SERVICE: 05/24/2022
REFERRING PHYSICIAN: MELISSA RUBIN, NP

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

INDICATION: MVA; left shoulder pain; assess for RCT.

Technique: Exam is performed utilizing fast spin echo, coronal oblique, sagittal oblique, and axial imaging as well as gradient echo axial image.

Comparison: No prior studies were available for comparison at the time of dictation.

Findings: AC joint hypertrophy. No separation. No lateral sloping of the acromion. No inferior curvature. No narrowing of the supraspinatus outlet or humeroacromial interval.

Infraspinatus tendinopathy. No muscle atrophy or tear.

Supraspinatus tendinopathy. No muscle atrophy or tear.

Biceps is intact within the groove. Tendinopathy extends to the anchor. No tenosynovitis.

Subscapularis is intact. No muscle atrophy or tear.

Anterior capsular thickening. Posterior capsular thickening.

No fracture. No dislocation or erosion.

Joint effusion.

Inferior labrum is intact. Diffuse degeneration of the posterior labrum.

Impression:

- 1. AC joint hypertrophy.**
- 2. Capsular thickening anterior which can be seen with adhesive capsulitis.**
- 3. Degeneration of the posterior labrum.**

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

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Musculoskeletal and Spine Specialist

Signed by MARK J. DECKER, MD at 05/27/2022 01:21:17 PM