

New York Medical & Diagnostic Care P.C.
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PATIENT NAME: Caffey, Jaleel
DATE OF BIRTH: 7/09/98
REFERRING PHYSICIAN: Dr. Joseph Martone
DATE OF EXAM: 9/09/22

MRI OF THE LEFT SHOULDER:

TECHNIQUE: Coronal oblique and axial images of the left shoulder were performed using spin echo and gradient pulse sequences.

CLINICAL HISTORY: Shoulder pain.

FINDINGS: There is AC joint narrowing and acromion spurring. The glenohumeral joint is intact. Impingement is noted. The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in size without evidence of atrophy or fatty infiltration. The tendons of the rotator cuff tendinosis/tendinopathy with intrasubstance and incomplete cuff tearing of the supraspinatus, subscapularis and infraspinatus portion of the cuff. The teres minor tendon is intact. There is synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

There is no subacromial/subdeltoid glenohumeral joint effusion.

There is anterior and posterior labrum is hypoplastic and partially torn. The biceps tendon is hypoplastic. The marrow signal is homogeneous. No subluxations are identified.

IMPRESSION:

1. Impingement.
2. Anterior and posterior labrum is hypoplastic and partially torn. The biceps tendon is hypoplastic.
3. Tendinosis/tendinopathy with intrasubstance and incomplete cuff tearing of the supraspinatus, subscapularis and infraspinatus portion of the cuff.
4. AC joint narrowing and acromion spurring.
5. Synovitis of the patulous axillary pouch of the inferior glenohumeral ligament.

Thank you for the courtesy of this consultation.



Robert D. Solomon, M.D.
Board Certified Radiologist

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