MIB | MEDICAL IMAGING OF BRONX, P.C.

1500 ASTOR AVENUE
BRONX, NY 10469
P:718-321-0760 F:718-231-6800

PATIENT NAME: ELLIS-DIXON CLAUDINE DOB: 10/27/1974
REFERRING PHYSICIAN: DR. FERSEL DOS: 08/16/2022

MRI OF THE LEFT SHOULDER

INDICATION: Pain.

TECHNIQUE: Multiple T1 and T2 weighted MRI images of the left shoulder were obtained in the axial, sagittal and coronal planes without intravenous or intraarticular contrast.

FINDINGS: Severe motion and suboptimal positioning diminishes sensitivity of this examination. There are no dislocations, destructive bony lesions or marrow infiltration in the proximal humerus and glenoid. The acromioclavicular joint is intact.

The rotator cuff musculature including the supraspinatus, subscapularis, infraspinatus and teres minor are normal in bulk without atrophy, edema or fatty infiltration. The rotator cuff tendons including the supraspinatus, infraspinatus and teres minor are intact without MRI evidence of a tear or tendinosis/tendinopathy. The biceps tendon is situated within the bicipital groove and its attachment to the superior labrum is intact. The glenoid labrum is grossly intact. There is no joint effusion. There are no masses or fluid collections associated with the glenohumeral joint.

There is a partial tear of the distal subscapularis tendon. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff. There is increased T2 signal in the anterior aspect of the greater tubercle, consistent with bone contusion/nondisplaced fracture.

IMPRESSION:

1. Increased T2 signal in the anterior aspect of the greater tubercle, consistent with bone contusion/nondisplaced fracture. CT of the left shoulder is recommended for further evaluation.
2. Partial tear of the distal subscapularis tendon.
3. Several subcentimeter subcortical cysts in the humeral head under the insertion of the rotator cuff.

Steve B. Losik M.D.

Steve B. Losik, M.D.
Board Certified Radiologist
Electronically Signed