



30-80 31st Street, Astoria, NY 11102
Tel: 718-335-7100 | Fax: 718-709-4136

PATIENT:	CABRERA, FRANCISCO	EXAM DATE:	03/23/2022 5:25 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	CABF60789
DOB:	09/05/1985	REFERRING PHYSICIAN:	Mcgee, John J
CLINICAL HISTORY	pain in lt. shoulder after mva	GENDER	M

MAGNETIC RESONANCE IMAGING OF LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Pain in left shoulder after motor vehicle accident.

TECHNIQUE: Multiplanar, multi-sequence MRI of the left shoulder was performed without intravenous contrast.

COMPARISON: None available.

OSSEOUS STRUCTURES/MARROW: Extensive T2W and PDFS hyperintense signal noted in the lateral aspect of the humeral head extending into the humeral shaft with associated internal geographic foci of altered signal -- suggested dedicated imaging correlation.

ROTATOR CUFF:

SUPRASPINATUS: The supraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

INFRASPINATUS: The infraspinatus tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

TERES MINOR: The teres minor tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBSCAPULARIS: The subscapularis tendon maintains intact tendon fibers. No tendon retraction is found. No skeletal muscle atrophy is seen.

SUBACROMIAL/SUBDELTOID BURSA: No fluid in subacromial-subdeltoid bursa to suggest bursitis.

MUSCLES: No muscle edema or fatty muscle atrophy.

AC JOINT: Intact.



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BICEPS TENDON: Intact long-head of the biceps tendon.

LABRUM/LIGAMENTS: No labral tear or ligament abnormalities.

CORACOACROMIAL LIGAMENT/ROTATOR INTERVAL: Rotator Interval is normal.

GLENOHUMERAL CARTILAGE: Intact articular cartilage.

SYNOVIUM/JOINT FLUID: No joint effusion or synovial thickening.

NEUROVASCULAR STRUCTURES: Normal in course and caliber.

PERIPHERAL SOFT TISSUES: Normal.

IMPRESSION:

1. Extensive T2W and PDFS hyperintense signal in the lateral aspect of the humeral head extending into the humeral shaft with associated internal geographic foci of altered signal – probable bone infarct. Suggested dedicated imaging correlation.
2. Tenosynovitis of the extra articular long head of the biceps tendon.
3. Partial-thickness bursal surface tear of the supraspinatus tendon.
4. Mild fluid in subacromial-subdeltoid bursa compatible with bursitis or may be seen with full thickness rotator cuff tear.
5. Type II SLAP tear.

Digitally Signed By: Imam, Naiyer
Digitally Signed Date: 03/24/2022 6:09 AM