QUEENS RADIOLOGY IMAGING PC
DIAGNOSTIC RADIOLOGY

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PATIENT:	MARTIN,LEONARD	EXAM DATE:	06/15/2022 3:17 PM
STUDY DESCRIPTION:	MRI SHOULDER WITHOUT CONTRAST	MRN:	MARL70145
DOB:	05/25/1959	REFERRING PHYSICIAN:	Kim, Stanley Sangwook
CLINICAL HISTORY:	pain in lt. shoulder after mva	GENDER:	M

MRI of the left shoulder with no IV contrast

Clinical history pain after MVA

Comparison none

Description

MRI of the left shoulder was performed using multiplanar, multiecho pulse sequence. No IV contrast was given.

Osseous structures/marrow.: no evidence of a fracture or dislocation. There is no osteonecrosis.

Rotator cuff

Supraspinatus: Supraspinatus muscle and tendon are intact. No tendon retraction No muscle atrophy
Infraspinatus: Infraspinatus muscle and tendon are intact. No tendon retraction No muscle atrophy
Teres minor: Teres minor tendon is intact. No tendon retraction No muscle atrophy
subscapularis:: Subscapularis tendon is intact. No tendon retraction There is no muscle atrophy.

Subacromial subdeltoid bursa: No fluid seen in the subacromial subdeltoid bursa
Muscles: No muscle edema or fatty atrophy
AC joint. AC joint hypertrophy contributing to rotator cuff impingement
Biceps tendon: There is fluid surrounding the long head biceps tendon indicating tenosynovitis with a increased signal within the tendon indicating partial thickness longitudinal tear.
Labrum/ligament: No labral tear or ligament abnormality

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Coriacromial ligament and rotator interval: Rotator interval is intact

Glenohumeral cartilage: Intact cartilage
Synovium/joint effusion: No joint effusion or synovial thickening.

Neurovascular structures: Normal in course and caliber
Peripheral soft tissues: Normal

Impression

Longitudinal partial thickness tear of the long head biceps tendon with surrounding fluid with tenosynovitis.
AC joint hypertrophy contributing to rotator cuff impingement

Digitally Signed By: Izzo, Joseph
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