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Compassion, Confidence, Comfort		
<u>PATIENT NAME</u>	<u>DATE OF BIRTH</u>	<u>MRN</u>
SHAH, BHARGAV	05-01-1956	23.6064634
<u>AT THE REQUEST OF</u>	<u>AGE/SEX</u>	<u>DATE OF SERVICE</u>
GHALAMBOR, NAVID MD 1140 W. LA VETA AV ORANGE, 92868	66 y / Male	07-11-2022

MRI LEFT SHOULDER

Report

PROCEDURE: MRI LEFT SHOULDER, 7/11/2022 4:00 PM

CLINICAL INDICATION: Left shoulder pain.

COMPARISON: None

TECHNIQUE:

Routine multiplanar multisequence magnetic resonance imaging of the shoulder was performed.

FINDINGS: Type III acromion with inferior acromial spur without lateral downsloping.

ROTATOR CUFF:

The supraspinatus tendon demonstrates tendinosis and thickening without tear. There is impingement by the inferior acromial spur on the superior aspect of the musculotendinous junction. Best seen on PD fat-sat coronal series 5 image 7/16.

The infraspinatus tendon demonstrates normal signal, without tendinosis or tear.

The subscapularis tendon demonstrates tendinosis and thickening without tear.

The teres minor tendon demonstrates normal signal, without tendinosis or tear.

ROTATOR INTERVAL: The rotator interval fat is preserved.

LABRUM AND CAPSULAR COMPLEX: The anterior and posterior cartilaginous labral tissue is aligned appropriately. SLAP lesion series 2 image 8/20. No evidence of chondral or osteochondral defects of the humeral head or glenoid. There is no evidence of a peri-labral ganglion. The coraco-

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acromial and coraco-humeral ligaments are normal in appearance. The superior, middle and inferior glenohumeral ligaments are also intact.

GLENOHUMERAL AND ACROMIOCLAVICULAR JOINTS: The acromioclavicular joint demonstrates moderate degenerative change. The arch ligaments are intact. Bone cortical and marrow signal intensity is appropriate, without evidence of contusion or fracture. No evidence of chondral or osteochondral defects of the humeral head or glenoid.

OSSEOUS STRUCTURES: There is no evidence of fracture. Bone marrow signal is unremarkable.

BICEPS TENDON: The biceps anchor is maintained. The intra-articular portion of the long head of the biceps tendon is normal in signal without tear. Longitudinal tear of the biceps tendon in the bicipital groove. Moderate amount fluid from tenosynovitis.

MUSCULATURE/SUBCUTANEOUS TISSUES: There is no muscle atrophy. No abnormality is identified within the subcutaneous tissues.

JOINT FLUID/BURSA: There is no glenohumeral joint effusion. Edema subacromial subdeltoid bursa.

PERIARTICULAR MUSCLES AND SOFT TISSUES: The cutaneous and subcutaneous tissues, as well as the visualized musculature, appear normal in signal and appearance.

OTHER: None

IMPRESSION:

- * Moderate degenerative change AC joint.
- * Type 3 acromion with inferior spur impinging on the musculotendinous junction of the supraspinatus.
- * Tendinosis and thickening subscapularis tendon.
- * Longitudinal tear of the biceps tendon in the bicipital groove but Moderate amount fluid from tenosynovitis.
- * Edema subacromial subdeltoid bursa.
- * SLAP lesion.

Electronically Signed By: Robert Clark

Thank You for refering your patient to us,

Robert E. Clark MD

Clark, Robert MD
RADIOLOGIST

Electronically signed 07-12-2022 08:37 PM