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PATIENT: JOHN SMITH
DOB: 5/5/1955
FILE #: 12345
PHYSICIAN: REFERRING
EXAM: MRI LEFT SHOULDER
DATE: 1/1/2011

CLINICAL INFORMATION

Work related injury on September 21, 2015, assess for traumatic tear left rotator cuff with superior shoulder pain and weakness.

COMPARISON

None

TECHNIQUE

Axial PD FS, coronal PD FS and PD, sagittal T1 and PD FS imaging is performed through the left shoulder without contrast.

FINDINGS

ROTATOR CUFF: There is mild distal insertional tendinosis with minimal articular sided fraying of the distal aspect of the supraspinatus tendon. There is a 3 mm low-grade longitudinal interstitial tear involving the supraspinatus tendon at the distal attachment site seen on image 12 of series 7. There is no high-grade or full-thickness tear and no retraction. The infraspinatus tendon is normal. There is a longitudinal interstitial tear noted along the superior margin of the subscapularis tendon. No full-thickness tear or retraction noted.

MUSCLES: The cuff musculature demonstrates minimal loss of muscle bulk and minimal grade 1 fatty infiltration of the subscapularis, infraspinatus and teres minor muscles.

BICEPS: There is mild tendinosis of the proximal long head biceps tendon.

SUBACROMIAL / SUBDELTOID BURSA: There is mild bursitis.

Report approved on

ACROMION / AC JOINT: There is marrow edema within the distal clavicle. There is a small AC joint effusion with mild pericapsular edema. No elevation of the distal clavicle and no fracture. The coracoclavicular ligaments are intact. There is a mild type II acromial configuration and minimal lateral downsloping of the acromion. No subacromial spurring.

GLENOHUMERAL JOINT / LABRUM: There is an extensive tear of the superior labrum extending from anterior to posterior with undermining of the long head biceps anchor consistent with a type II SLAP lesion. There is low-grade chondral thinning throughout the glenohumeral joint. No Bankart lesion noted. A small glenohumeral joint effusion is present. There is no intra-articular body.

BONE MARROW: No fracture or malalignment.

IMPRESSION

1. There is mild supraspinatus tendinosis with minimal articular sided fraying of the distal tendon and a 3 mm low grade interstitial tear at the distal attachment site.
2. There is tendinosis and a low-grade longitudinal interstitial tear noted along the superior margin of the subscapularis tendon.
3. There is a type II SLAP lesion and mild tendinosis of the intra-articular portion of the long head biceps tendon.
4. Mild subacromial subdeltoid bursitis.
5. There is marrow edema within the distal clavicle. There is a small AC joint effusion with mild pericapsular edema. This may represent mild stress related change of the AC joint versus a grade 1 sprain of the AC joint. There is no elevation or fracture of the distal clavicle.
6. There is no occult fracture or bone contusion. No malalignment of the osseous structures.
7. The age of injury is indeterminate.

[NationalRad Musculoskeletal Radiologist]
Board Certified Radiologist

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