

Ordering Dr(s): CHRISTOPHER E GIBBONS PA-C

=====ADDENDUM=====

Date: 12/28/21 Time: 1820

Adden Trans. By: LM

LEFT SHOULDER MRI

CLINICAL HISTORY: Pain.

PROCEDURE: Multiplanar inversion recovery and spin-echo sequences were obtained through the left shoulder post intraarticular contrast injection.

COMPARISON: None.

FINDINGS: There is significant supraspinatus tendinopathy distally with undersurface partial

PATIENT: HUNT, JEFFREY, M000737529, Male, 62 y

thickness fraying. Some minimal distal partial thickness tearing may be present as well on the bursal side. There is a small amount of fluid in the subacromial/subdeltoid bursa. No full thickness tear is seen, however. The glenoid labrum shows some mild degenerative changes but is otherwise intact. There is acromioclavicular joint hypertrophy and there is a downward sloping acromion with inferior spur that appears to contact the distal supraspinatus tendon. The intraarticular long head of the biceps tendon and biceps labral anchor appear intact as do the subscapularis and teres minor tendons. There is glenohumeral joint articular cartilage degenerative change and thinning.

IMPRESSION:

1. Distal supraspinatus tendinopathy with undersurface fraying and possible distal partial bursal surface tear but without full thickness tear.
2. Acromioclavicular joint hypertrophy.
3. Glenohumeral joint articular cartilage degeneration.