

MULTI-POSITION™ MRI

STAND-UP MRI OF THE BRONX, P.C.

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KERLINE ANTHONY

DOB: 08/22/1960

Exam Date: 10/21/2020

BI2005684

Report Date: 10/21/2020

IMELDA CRUZ BANTING, MD
729 PELHAM PKWY N
BRONX, NY 10467

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 30 degree tilt position.

HISTORY: The patient complains of right shoulder pain and limited range of motion.

INTERPRETATION: The supraspinatus tendon is enlarged and inhomogeneous representing tendinosis/tendinopathy, extending toward its anterior leading edge where there is fraying of the bursal margin of the distal supraspinatus tendon.

There is subscapularis tendinosis/tendinopathy of an enlarged caliber of the distal subscapularis tendon.

There is an anterolaterally down sloping Type II acromion.

There is fluid in the long head biceps tendon sheath which may be seen with tenosynovitis.

There is subcortical reactive changes and thinning of the cortex at the lateral humeral head convexity. The posterior labrum is small with erosion and superficial tear, extending posteroinferiorly.

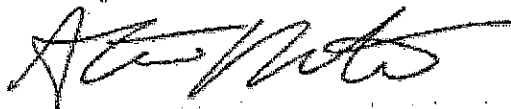
The patient was not able to remain still for the examination. Clarity reduction related to patient motion was encountered. Images were repeated and the study was completed within the patient's limits. There is loss of detail on the examination.

Examination otherwise demonstrates the osseous structures of the shoulder to be otherwise unremarkable in signal and morphology. Muscular and tendinous structures including remaining portions of the rotator cuff are also felt to remain otherwise unremarkable in signal and morphology. The bicipital tendon appears otherwise unremarkable in position and morphology.

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SHOULDER RIGHT MRI**IMPRESSION:**

- Supraspinatus tendon is enlarged and inhomogeneous representing tendinosis/tendinopathy, extending toward its anterior leading edge where there is fraying of the bursal margin of the distal supraspinatus tendon.
- Subscapularis tendinosis/tendinopathy of an enlarged caliber of the distal subscapularis tendon.
- Anterolaterally down sloping Type II acromion.
- Fluid in the long head biceps tendon sheath which may be seen with tenosynovitis.
- Subcortical reactive changes and thinning of the cortex at the lateral humeral head convexity.
- Posterior labrum is small with erosion and superficial tear, extending posteroinferiorly.

Sincerely,



Steven Winter, M.D.
Diplomate of the American Board of Radiology
Fellowship Trained in Musculoskeletal Radiology
SW/jg

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10/23/20

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