



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

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MULTI-POSITION™ MRI

Accredited by the American College of Radiology

ANTHONY ROSA

N10078858-BI

Report Date: 04/26/2022

DOB: 01/15/1975

Exam Date: 04/25/2022

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 10 degree tilt position.

HISTORY: The patient complains of shoulder pain.

INTERPRETATION: The supraspinatus tendon is inhomogeneous extending toward its anterior leading edge and distally representing tendinosis/tendinopathy, where there is obscuring of the peri-tendinous fat with peri-tendinous edema.

The distal subscapularis tendon is inhomogeneous with tendinosis/tendinopathy.

There is capsular bulging of the acromioclavicular joint associated with a laterally down sloping type II acromion that abuts the underlying supraspinatus.

There is a focal superior labral tear at the 12 o'clock location extending partly but not completely into the biceps anchor.

There is cortical erosion at the lateral humeral head convexity with subcortical reactive bone marrow changes.

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 otherwise appear unremarkable in position and morphology.

IMPRESSION:

- Supraspinatus tendon is inhomogeneous extending toward its anterior leading edge and distally representing tendinosis/tendinopathy, where there is obscuring of the peri-tendinous fat with peri-tendinous edema.

ANTHONY ROSA

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Exam Date:

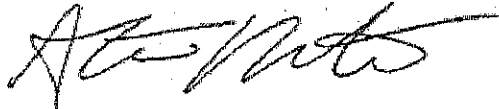
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SHOULDER RIGHT MRI 73221

- Distal subscapularis tendinosis/tendinopathy.
- Capsular bulging of acromioclavicular joint associated with a laterally down sloping type II acromion that abuts the underlying supraspinatus.
- Focal superior labral tear 12 o'clock location extending partly but not completely into the biceps anchor.
- Cortical erosion lateral humeral head convexity with subcortical reactive bone marrow changes.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology
Fellowship Trained in Musculoskeletal Radiology
SW/vm

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4/29/22