



MULTI-POSITION MRI

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

2050 Eastchester Road, Suite 1B • Bronx, NY 10461

Phone: 718.678.1970 • Fax: 718.678.1975

Accredited by the American College of Radiology

**ANTHONY ROSA****N10078858-BI****Report Date: 05/14/2022****DOB: 01/15/1975****Exam Date: 05/13/2022****EMELDA CRUZ BANTING MD****729 PELHAM PKWY N****BRONX, NY 10467****MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the recumbent position.**HISTORY:** The patient complains of left shoulder pain.

**INTERPRETATION:** The supraspinatus tendon becomes bulbous and inhomogeneous toward its anterior leading edge and distally representing tendinosis/tendinopathy where it is obscuring the adjacent peritendinous fat. There is focal subcortical cystic change at the anterior and lateral humeral head convexity with thinning of the overlying cortex. Distal infraspinatus tendinosis/tendinopathy is present. There is also distal subscapularis tendinosis/tendinopathy.

There is acromioclavicular joint space narrowing accompanied by laterally downsloping type II acromion which abuts the underlying musculotendinous junction of the supraspinatus.

There is superior labral tear at the superior to slightly posterosuperior labrocartilaginous junction of the labrum without extension to the biceps anchor. There is mild glenoid spur formation anteriorly.

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 appears unremarkable in position and morphology.

**IMPRESSION:**

- Supraspinatus tendon becomes bulbous and inhomogeneous toward its anterior leading edge and distally representing tendinosis/tendinopathy where it is obscuring the adjacent peritendinous fat.

ANTHONY ROSA

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Exam Date:

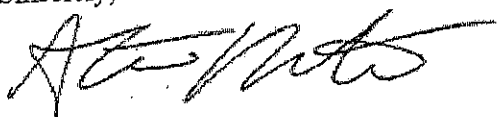
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Page 2 of 2

SHOULDER LEFT MRI 73221

- Focal subcortical cystic change at the anterior and lateral humeral head convexity with thinning of the overlying cortex.
- Distal infraspinatus tendinosis/tendinopathy present.
- Distal subscapularis tendinosis/tendinopathy.
- Acromioclavicular joint space narrowing accompanied by laterally downsloping type II acromion which abuts the underlying musculotendinous junction of the supraspinatus.
- Superior labral tear at the superior to slightly posterosuperior labrocartilaginous junction of the labrum without extension to the biceps anchor. Mild glenoid spur formation anteriorly.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

SW/MM

1036  
5/17/22