

**STAND-UP MRI OF LYNBROOK, P.C.**

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**MULTI-POSITION MRI**

Accredited by the American College of Radiology

**SANDRA ADJAHOE****N10077208-LB****Report Date: 03/08/2022****DOB: 01/16/1966****Exam Date: 03/07/2022**

**CHARLES HIGUERA DC**  
**92-05 ROCKAWAY BLVD**  
**OZONE PARK, NY 11417**

**MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER**

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

**HISTORY:** Patient complains of left shoulder pain.

**INTERPRETATION:** AC joint arthrosis. No separation. Inferior curvature. Narrowing of the supraspinatus outlet. No narrowing of the humeral-acromial interval.

Infraspinatus tendinopathy. 2 mm cyst proximal to insertion. No fracture, muscle atrophy or tear.

Supraspinatus tendinopathy with insertional fraying proximal to the insertion. Fatty infiltration at the myotendinous junction with no muscle atrophy or tear.

Anterior capsule is intact. Minimal thickening. Posterior capsule is intact. No significant thickening.

Biceps is intact in the groove. Anchor is intact. Tenosynovitis.

Subscapularis is intact. No muscle atrophy or tear.

Inferior labrum is intact. Superior labrum is intact.

No fracture, dislocation, or erosion. Joint effusion.

**IMPRESSION:**

- AC joint arthrosis with narrowing of the supraspinatus outlet. This can be seen with impingement.

SANDRA ADJAHOE

N10077208

Exam Date:

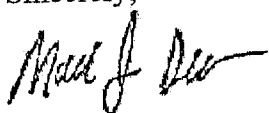
03/07/2022

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MRI OF THE LEFT SHOULDER

- Anterior capsular thickening, which can be seen with adhesive capsulitis in the right clinical setting.
- Biceps tenosynovitis.
- Glenohumeral joint effusion.

Thank you for referring your patient to us for evaluation.

Sincerely,



Mark J. Decker M.D. D.A.B.R  
Musculoskeletal and Spine Radiologist  
MD/rt2