

**MULTI-POSITION MRI****STAND-UP MRI OF CARLE PLACE, P.C.**

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Accredited by the American College of Radiology

LAUREN LOPEZ**N10097661-CP Report Date: 05/25/2022****DOB:** 03/01/1974**Exam Date:** 05/24/2022**ALEKSANDR KOPACH PA****430 WEST MERRICK ROAD****VALLEY STREAM, NY 11580****MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 20 degree tilt position.**HISTORY:** The patient complains of bilateral shoulder pain with numbness and weakness..**INTERPRETATION:** The supraspinatus tendon is enlarged and inhomogeneous extending toward its anterior leading edge and distally representing tendinosis/tendinopathy where there is fluid causing some distention of the subacromial bursa representing subacromial bursitis.

There is subscapularis tendinosis/tendinopathy, lesser in severity comparing to the degree of involvement of the supraspinatus.

There is a slightly low-lying position and anteriorly more than laterally downsloping Type II acromial configuration which abuts the underlying supraspinatus. There is a paucity of fluid at the subscapularis and axillary recesses of the glenohumeral joint and there is fluid in the long head of the biceps tendon sheath at the level of the bicipital groove which may be seen with tenosynovitis. There is intracapsular long head biceps tendinosis/tendinopathy.

There is a focal region of subcortical reactive change at the anterior humeral head convexity.

The patient was not able to remain still for the examination and motion-related artifact persisted despite repeated sequences. The best possible study was performed in this respect which was within the patient's limits.

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 glenoid labrum and bicipital tendon otherwise appear unremarkable in position and morphology.

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IMPRESSION:

- Supraspinatus tendon is enlarged and inhomogeneous extending toward its anterior leading edge and distally representing tendinosis/tendinopathy where there is fluid causing some distention of the subacromial bursa representing subacromial bursitis.
- Subscapularis tendinosis/tendinopathy, lesser in severity comparing to the degree of involvement of the supraspinatus.
- Slightly low-lying position and anteriorly more than laterally downsloping Type II acromial configuration which abuts the underlying supraspinatus.
- Paucity of fluid at the subscapularis and axillary recesses of the glenohumeral joint and there is fluid in the long head of the biceps tendon sheath at the level of the bicipital groove which may be seen with tenosynovitis.
- Intracapsular long head biceps tendinosis/tendinopathy.
- Focal region of subcortical reactive change at the anterior humeral head convexity
- Motion-degraded images reduce the clarity and detail on the examination and the best possible study was performed in this respect as discussed above.

Thank you for referring your patient to us for evaluation.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

SW/lf