

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

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MULTI-POSITION™ MRI

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CHRISTOPHER REYES**N10093124-BI****Report Date: 05/04/2022****DOB: 08/11/1983****Exam Date: 05/02/2022****CLARKE, COLIN MD****2598 THIRD AVENUE****BRONX, NY 10454****MRI OF THE LEFT SHOULDER WITHOUT CONTRAST****INDICATION:** The patient complains of left shoulder pain.**COMPARISON:** No prior study was available for comparison at the time of dictation.**TECHNIQUE:** Multiplanar, multisequential MRI was performed in the recumbent position.**FINDINGS:**

No fracture. Bone marrow signal is normal. Glenohumeral joint narrowing and high-grade cartilage thinning.

Moderate AC joint arthrosis with capsular hypertrophy and osteophytes. Lateral downsloping acromion which may be causing impingement.

Partial bursal sided tear and fraying of the supraspinatus tendon at the mid humeral head level with tendinopathy fraying of the remainder of the tendon. Tendinopathy and bursal surface fraying of the infraspinatus tendon. Moderate tendinopathy of the subscapularis tendon. Tear of the anterior labrum. Blunted/torn posterior labrum. 3 mm posterior subluxation of the humeral head in relation to the glenoid. Small joint effusion.

Moderate biceps tenosynovitis. The inferior glenohumeral ligament is intact. Teres minor tendon is normal. No muscle atrophy.

IMPRESSION:

1. Partial bursal sided tear and fraying of the supraspinatus tendon at the mid humeral head level with tendinopathy fraying of the remainder of the tendon.
2. Tendinopathy and bursal surface fraying of the infraspinatus tendon. Moderate tendinopathy of the subscapularis tendon.

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3. Tear of the anterior labrum. Blunted/torn posterior labrum. 3 mm posterior subluxation of the humeral head in relation to the glenoid.
4. Small joint effusion.
5. Moderate biceps tenosynovitis.

Sincerely,

A handwritten signature in black ink, appearing to read 'Priyesh Patel', with a stylized flourish extending to the right.

Priyesh Patel, MD
Certified, American Board of Radiology
Musculoskeletal and Spine Specialist
PP/ad