

**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 RIGHT 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 inhomogeneous extending toward its anterior leading edge and distally representing insertional tendinosis/tendinopathy.

There is distal subscapularis tendinosis/tendinopathy and there is fluid in the long head of biceps tendon sheath, which may be seen with tenosynovitis. There is intracapsular long head of biceps tendinosis/tendinopathy at its critical zone.

There is an anteriorly more than laterally down sloping type II acromial configuration, which abuts the underlying supraspinatus with fairly modest acromioclavicular joint hypertrophic change.

There is fluid accumulating in the subacromial bursa representing bursitis.

The patient was not able to remain still and there is clarity reduction due to patient motion. The best possible study was performed within patients limits in this respect.

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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SHOULDER RIGHT MRI 73221**IMPRESSION:**

- Supraspinatus tendon is inhomogeneous extending toward its anterior leading edge and distally representing insertional tendinosis/tendinopathy.
- Distal subscapularis tendinosis/tendinopathy.
- Fluid long head of biceps tendon sheath, which may be seen with tenosynovitis.
- Intracapsular long head of biceps tendinosis/tendinopathy at its critical zone.
- Anteriorly more than laterally down sloping type II acromial configuration, which abuts the underlying supraspinatus with fairly modest acromioclavicular joint hypertrophic change.
- Subacromial bursitis.ion degraded images were encountered and the best possible study was performed 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/vm