



STAND-UP MRI OF LYNBROOK, P.C.

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MULTI-POSITION MRI

Accredited by the American College of Radiology

FAKIR KABIR

N10093708-LB

Report Date: 05/05/2022

DOB: 01/10/1973

Exam Date: 05/04/2022

MICHAEL JURKOWICH MD

243-51 MERRICK BLVD

ROSEDALE, NY 11422

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER

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

HISTORY: Patient complains of right shoulder pain.

INTERPRETATION: AC joint arthrosis. No separation. Lateral sloping of the acromion with spur. No narrowing of the supraspinatus outlet. No narrowing of the humeral-acromial interval.

Infraspinatus tendinopathy. No muscle atrophy or tear.

Supraspinatus tendinopathy and fraying. 10 mm full-thickness insertional tear with 2 mm traction cyst in the humeral head and bursitis and no fracture. No muscle atrophy or tear.

Biceps is intact in the groove. Tendinopathy extends to the anchor. No tenosynovitis.

Subscapularis tendinopathy. No muscle atrophy or tear.

Posterior inferior labrum is intact. Anterior inferior labrum is intact. Superior labral fraying.

Anterior capsular thickening. Posterior capsule is intact.

No glenohumeral dislocation. No fracture.

IMPRESSION:

- AC joint arthrosis with lateral acromial spur.
- 10 mm full-thickness insertional supraspinatus tear with bursitis, 2 mm traction cyst in the humeral head and no fracture. No muscle atrophy.

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MRI OF THE RIGHT SHOULDER

- Anterior capsular thickening, which can be seen with adhesive capsulitis.

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/t2