

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

229 Broadway • Lynbrook, NY 11563  
Phone: 516.256.1558 • Fax: 516.256.0758

**MULTI-POSITION MRI**

Accredited by the American College of Radiology

**MICHAEL SWANSTON****N10121927-LB****Report Date: 09/11/2022****DOB: 06/20/1985****Exam Date: 09/09/2022****PHYLLIS GELB****430 WEST MERRICK ROAD  
VALLEY STREAM, NY 11580****MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the recumbent position.**HISTORY:** The patient complains of right shoulder pain with numbness and weakness.

**INTERPRETATION:** The supraspinatus tendon is bulbous and inhomogeneous with tendinosis/tendinopathy with superimposed shallow partial-thickness bursal surface tearing having a broad base measuring approximately 7 mm in size, which is maximal and approximately 11 mm from its attachment site on the humerus. There is a fluid accumulating in the subacromial bursa representing bursitis and there is peritendinous edema. There is a subcortical cyst up to 1.3 cm in size and involving the greater tuberosity of the humerus extending to its superior subcortical margin at the rotator cuff attachment site. There is also a smaller adjacent cystic focus laterally at the right humeral head convexity.

There is distal subscapularis tendinosis/tendinopathy, which is less prominent than at the supraspinatus. There is also distal infraspinatus tendinosis/tendinopathy, which is also less prominent than at the supraspinatus. There is a slightly low-lying position of the acromioclavicular joint with acromioclavicular joint space narrowing and modest hypertrophic change accompanied by a laterally more than anteriorly downsloping type II acromion, which extends to abut the underlying musculotendinous junction of the supraspinatus.

The patient was not able to remain still for the examination and there is clarity reduction due to patient motion. The best possible study was completed 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.

Orthopedic  
referral

11-3-22

MICHAEL SWANSTON

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SHOULDER RIGHT MRI 73221**IMPRESSION:**

- Supraspinatus tendon is bulbous and inhomogeneous with tendinosis/tendinopathy with superimposed shallow partial-thickness bursal surface tearing having a broad base measuring approximately 7 mm in size, which is maximal and approximately 11 mm from its attachment site on the humerus. Fluid accumulating in the subacromial bursa representing bursitis and peritendinous edema. Subcortical cyst up to 1.3 cm in size and involving the greater tuberosity of the humerus extending to its superior subcortical margin at the rotator cuff attachment site. Smaller adjacent cystic focus laterally at the right humeral head convexity.
- Distal subscapularis tendinosis/tendinopathy, which is less prominent than at the supraspinatus. Distal infraspinatus tendinosis/tendinopathy, which is also less prominent than at the supraspinatus.
- Slightly low-lying position of the acromioclavicular joint with acromioclavicular joint space narrowing and modest hypertrophic change accompanied by a laterally more than anteriorly downsloping type II acromion, which extends to abut the underlying musculotendinous junction of the supraspinatus.
- The patient was not able to remain still for the examination and there is clarity reduction due to patient motion. The best possible study was completed in this respect.

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/KM



11-5-22