



# STAND-UP MRI OF BENSONHURST, P.C.

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**MULTI-POSITION MRI**

Accredited by the American College of Radiology

**FABIOLA POUPONNEAU**      **N10123857-BE**      **Report Date: 09/12/2022**  
**DOB: 07/24/1982**  
**Exam Date: 09/11/2022**

**OMAR AHMED MD**  
**1201 NOSTRAND AVE**  
**BROOKLYN, NY 11225**

## MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

**TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 20 degree tilt position.

**HISTORY:** The patient complains of left shoulder pain.

**INTERPRETATION:** The supraspinatus tendon becomes bulbous at its anterior leading edge and distally representing tendinosis/tendinopathy.

There is a slightly low lying position to the anterior acromion with acromioclavicular joint hypertrophic changes and capsular bulging, accompanied by laterally down sloping type II acromion that abuts the underlying supraspinatus.

There is a paucity of fluid at the subscapularis recess of the glenohumeral joint.

There is considerable loss of image clarity due to patient motion which most severely affects the coronal oblique and oblique sagittal images. Multiple sequences were repeated with limited improvement and the best possible study was performed. There are findings that may escape detection given the motion degraded nature of this exam. We would be happy to repeat the oblique coronal and oblique sagittal images of this study if desired and if the patient is able to cooperate for motion-free images.

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 appear unremarkable in position and morphology.

FABIOLA POUPONNEAU

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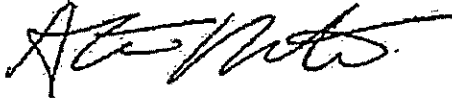
SHOULDER LEFT MRI 73221

**IMPRESSION:**

- Supraspinatus tendon becomes bulbous at its anterior leading edge and distally representing tendinosis/tendinopathy.
- Slightly low lying position to the anterior acromion with acromioclavicular joint hypertrophic changes and capsular bulging, accompanied by laterally down sloping type II acromion that abuts the underlying supraspinatus.
- Paucity of fluid at the subscapularis recess of the glenohumeral joint.
- There is technical limitation due to patient motion throughout the examination. Most severely affecting oblique coronal and oblique sagittal images. Please see above discussion.

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/BC