



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

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**MULTI-POSITION™ MRI**

Accredited by the American College of Radiology

**HASSAN MUHAMMAD**

**N10118164-BI**

**Report Date: 09/01/2022**

**DOB: 10/17/1986**

**Exam Date: 08/31/2022**

1976 → will be adjusted  
stand up informed of exam

**AJIN MATHEW PA**  
**1320 LOUIS NINE BLVD**  
**BRONX, NY 10459**

### MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

**TECHNIQUE:** Multiplanar, multisequential MRI was performed in the recumbent position on a high-field 1.5 Tesla magnet.

**HISTORY:** The patient complains of bilateral shoulder pain with limited range of motion.

**INTERPRETATION:** The supraspinatus tendon become inhomogeneous toward its anterolateral attachment site on the humerus representing insertional tendinosis/tendinopathy. There is fluid accumulating in the subacromial bursa representing bursitis.

There is a slightly low-lying and anteriorly downsloping type II acromial configuration which nearly abuts the underlying supraspinatus.

There is a focal labrocartilaginous junction superior labral tear at the 12 o'clock location without extension to the biceps anchor. There is fluid in the long head of biceps tendon sheath which may be seen with tenosynovitis. There is paucity of fluid in the axillary and subscapularis recesses of the glenohumeral joint.

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 bicipital tendon otherwise appears unremarkable in position and morphology.

### IMPRESSION:

- Supraspinatus tendon become inhomogeneous toward its anterolateral attachment site on the humerus representing insertional tendinosis/tendinopathy. Fluid accumulating in the subacromial bursa representing bursitis.

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SHOULDER LEFT MRI

- Slightly low-lying and anteriorly downsloping type II acromial configuration which nearly abuts the underlying supraspinatus.
- Focal labrocartilaginous junction superior labral tear at the 12 o'clock location without extension to the biceps anchor. Fluid in the long head of biceps tendon sheath which may be seen with tenosynovitis. Paucity of fluid in the axillary and subscapularis recesses of the glenohumeral joint.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

SW/KA