



STAND-UP MRI OF YONKERS

(Comprehensive MRI of New York, P.C.)

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Accredited by the American College of Radiology

ANGEL W RUIZ

N10103638-YK

Report Date: 08/15/2022

DOB: 09/28/1957

Exam Date: 08/15/2022

CLARKE, COLIN MD

2598 THIRD AVENUE

BRONX, NY 10454

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position.

HISTORY: Patient complains of right shoulder pain with numbness, weakness and limited range of motion.

INTERPRETATION:

Ventrally, there is high grade partial thickness delaminating tear of the distal supraspinatus tendon extending to the bursal surface and approaching the articular membrane.

There is a suture anchor ventrally within the proximal humeral shaft consistent with a prior biceps tendon repair. The biceps tendon is torn away from the proximal insertion with no visible tendon at the level of the bicipital groove.

There is a SLAP tear extending into the posterior glenoid labrum extending from the approximate 9 o'clock to 12 o'clock position.

Linear interstitial tear approaching the distal insertion of the subscapularis tendon.

Hypertrophic changes of the AC joint and ventrally downsloping acromion which abuts the bursal surface of the rotator cuff.

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.

IMPRESSION:

- Ventrally, high grade partial thickness delaminating tear of the distal supraspinatus tendon extending to the bursal surface and approaching the articular membrane.

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MRI OF THE RIGHT SHOULDER

- Suture anchor ventrally within the proximal humeral shift consistent with a prior biceps tendon repair. The biceps tendon is torn away from the proximal insertion with no visible tendon at the level of the bicipital groove.
- SLAP tear extending into the posterior glenoid labrum extending from the approximate 9 o'clock to 12 o'clock position.
- Linear interstitial tear approaching the distal insertion of the subscapularis tendon.
- Hypertrophic changes of the AC joint and ventrally downsloping acromion which abuts the bursal surface of the rotator cuff.

Thank you for referring your patient to us for evaluation.

Sincerely,

A handwritten signature in black ink that reads "Ronald Wagner MD". The signature is written in a cursive, flowing style.

Ronald Wagner, M.D.
Diplomate of the American Board of Radiology
with added Qualifications in Neuroradiology
RW/rt2