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

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MULTI-POSITION"MRI

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SHERON BLOUNT

N10113422-BI

Report Date: 08/11/2022

DOB:

01/19/1978

Exam Date: 08/10/2022

JORDAN FERSEL 2426 EASTCHESTER RD STE 100 BRONX,NY 10469

MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 10-degree tilt position.

HISTORY: The patient complains of left shoulder pain.

INTERPRETATION: The supraspinatus tendon demonstrates tendinosis/tendinopathy with diffuse intrasubstance signal abnormality ventrally approaching the distal insertion.

Tear in the sublabral recess of the anterior-superior glenoid labrum extending from the approximate 1 o'clock to 2 o'clock position. There is trace fluid within the glenohumeral joint and subscapularis recess.

Ventrally downsloping acromion, which approaches 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 bicipital tendon otherwise appears unremarkable in position and morphology.

IMPRESSION:

- Supraspinatus tendon demonstrates tendinosis/tendinopathy with diffuse intrasubstance signal-abnormality ventrally approaching the distal insertion.
- Tear in the sublabral recess of the anterior-superior glenoid labrum extending from the approximate 1 o'clock to 2 o'clock position. Trace fluid within the glenohumeral joint and subscapularis recess.
- Ventrally downsloping acromion, which approaches the bursal surface of the rotator cuff.

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Sincerely,

Ronald Wagner, M.D.

Diplomate of the American Board of Radiology with added Qualifications in Neuroradiology

RW/KM