

STAND-UP MRI OF QUEENS, P.C.

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MULTI-POSITION MRI

Accredited by the American College of Radiology

EBONY YOUNG

N10116595-QU

Report Date: 09/12/2022

DOB: Exam Date: 08/11/1985 09/10/2022

MOHAMMAD HASANUZZAMAN MD

219-49 JAMAICA AVENUE **QUEENS VILLAGE, NY 11428**

MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 30-degree tilt position.

HISTORY: Patient complains of left shoulder pain. MVA 5/24/2022

INTERPRETATION: AC joint hypertrophy. No separation. No lateral sloping of the acromion. No inferior curvature. Narrowing of the supraspinatus outlet. No narrowing of the humeralacromial interval.

Infraspinatus tendinopathy. 2 mm cyst in the humeral head with no fracture. No muscle atrophy or tear.

Supraspinatus tendon is intact. No muscle atrophy or tear.

Biceps is intact in the groove. Tendinopathy extends to the anchor. No tenosynovitis.

Subscapularis tendinopathy. No muscle atrophy or tear.

Anterior capsular thickening. Posterior capsular thickening.

No fracture, dislocation or erosion.

Posterior inferior labrum is intact. Anterior inferior labrum is intact. Superior labral fraying and degeneration.

IMPRESSION:

- Capsular thickening anteriorly which can be seen with adhesive capsulitis.
- Superior labral fraying and degeneration.

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• Trace glenohumeral joint effusion.

Thank you for referring your patient to us for evaluation.

Sincerely,

Mark J. Decker M.D. D.A.B.R

Musculoskeletal and Spine Radiologist

MD/xt1