

STAND-UP MRI OF YONKERS

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Accredited by the American College of Radiology

Report Date:

08/15/2022

ANGEL W RUIZ

DOB:

09/28/1957

Exam Date: 08/15/2022

CLARKE, COLIN MD 2598 THIRD AVENUE BRONX, NY 10454

MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

N10103638-YK

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

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

INTERPRETATION:

Supraspinatus tendon demonstrates partial thickness tear with thinning ventrally and irregularity over the bursal surface.

Long head of the biceps tendon is torn away from the proximal insertion and retracted. The tendon is not visibile at the levels of the bicipital groove.

There is a SLAP tear extending into the posterior glenoid labrum which is diffusely deficient extending from the approximate 10 o'clock to 12 o'clock position. There is a trace fluid within the glenohumeral joint.

Hypertrophic changes of the AC joint and ventrally downsloping acromion which abuts the bursal surface of the rotator cuff. Spurs lining the superior margin of the AC joint extending into the overlying subcutaneous fat. Humeral head demonstrates fibrocystic and erosive bony changes over the posterior lateral aspect above the greater tuberosity.

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:

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Thank you for referring your patient to us for evaluation.

Sincerely,

Ronald Wagner, M.D.

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

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