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92-20 165<sup>TH</sup> Street, Jamaica, NY 11433  
Tel: (347) 380-5525 Fax: (347) 338-1380  
www.citimedny.com

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**PATIENT NAME:** CUMANICHO, SEGUNDO  
**DATE OF BIRTH:** 06/14/1961  
**MRN #:** JM23505  
**DATE OF SERVICE:** 09/09/2022 10:52:44 AM  
**REFERRING PHYSICIAN:** JORDAN FERSEL, MD

**EXAM:** MRI OF THE RIGHT SHOULDER

**INDICATION:** 61-year-old male with a history of trauma with right shoulder pain.

**TECHNIQUE:** MRI of the right shoulder was performed using multiplanar and multisequence imaging.

**COMPARISON:** None.

**FINDINGS:** There is supraspinatus tendon is thickened containing abnormal signal consistent with tendinitis. There is thickening of the subscapularis tendon suggesting some tendinopathy. The humeral head maintains a normal anatomical relationship with the glenoid. There is no abnormal marrow signal. The long head of the biceps tendon is within its normal anatomic position within the intertubercular sulcus. The long head of the biceps tendon does not demonstrate any evidence of tendon tear, tendinitis, or tenosynovitis. There is no significant joint or bursal effusion. The glenoid labrum appears intact. There is capsular and bony hypertrophy of the acromioclavicular joint predominantly superiorly. This contacts the musculotendinous junction of the supraspinatus muscle. There is mild inflammation within the acromioclavicular joint. There is a mildly curved acromion.

**IMPRESSION:**

1. Supraspinatus tendinitis.
2. Subscapularis tendinopathy.
3. AC arthropathy. This contacts the musculotendinous junction of the supraspinatus muscle. Mildly curved acromion. These findings can predispose to clinical impingement. There is mild inflammation within the acromioclavicular joint.

Thank you for the opportunity to participate in the care of this patient.

A handwritten signature in black ink, appearing to read "Steven Meyerson", is written over a horizontal line.

STEVEN MEYERSON, M.D.  
Board Certified Diagnostic Radiologist

Signed by STEVEN MEYERSON, MD at 09/12/2022 12:51:32 PM