

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

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MULTI-POSITION MRI

Accredited by the American College of Radiology

IAN GALLOWAY

N10014528-BI

Report Date:

09/30/2022

DOB:

02/26/1992

Exam Date: 09/28/2022

JEAN PIERRE BARAKAT MD 4014 BOSTON RD BRONX, NY 10475

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER

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

HISTORY: The patient complains of right shoulder pain.

INTERPRETATION: The supraspinatus tendon is inhomogeneous extending to its anterior leading edge and distally representing insertional tendinosis/tendinopathy. There is obscuring of the adjacent peritendinous fat. There is distal subscapularis tendinosis/tendinopathy.

Low-lying anterior acromion associated with laterally downsloping type II configuration which abuts the **underl**ying supraspinatus. There is paucity of fluid at the subscapularis recess of the glenohumeral joint.

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** otherwise appear unremarkable in position and morphology.

IMPRESSION:

- Supraspinatus tendon is inhomogeneous extending to its anterior leading edge and
 distally representing insertional tendinosis/tendinopathy. Obscuring of the adjacent
 peritendinous fat. Distal subscapularis tendinosis/tendinopathy.
- Low-lying anterior acromion associated with laterally downsloping type II configuration
 which abuts the underlying supraspinatus. Paucity of fluid at the subscapularis recess of
 the glenohumeral joint.

Sincerely,

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