

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

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MULTI-POSITION™MRI

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UNIQUE JACKSON**N10118111-BI****Report Date:** 09/04/2022**DOB:** 10/25/1988**Exam Date:** 09/02/2022**ROBERT FITZGERALD DC****2426 EASTCHESTER ROAD****BRONX, NY 10469****MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 10-degree tilt position.**HISTORY:** Patient complains of left shoulder pain.**INTERPRETATION:** Supraspinatus and subscapularis tendons demonstrate tendinosis/tendinopathy with heterogeneous intrasubstance signal abnormality distally.

Trace fluid within the glenohumeral joint and subscapularis recess.

Hypertrophic changes of the AC joint, ventrally and laterally downsloping acromion which abuts 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 glenoid labrum and bicipital tendon otherwise appear unremarkable in position and morphology.

IMPRESSION:

- Supraspinatus and subscapularis tendinosis/tendinopathy with heterogeneous intrasubstance signal abnormality distally.
- Trace fluid within the glenohumeral joint and subscapularis recess.
- Hypertrophic changes of the AC joint, ventrally and laterally downsloping acromion which abuts the bursal surface of the rotator cuff.

Type II

Sincerely,

UNIQUE JACKSON

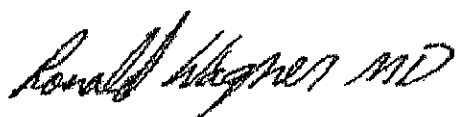
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09/02/2022

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SHOULDER LEFT MRI 73221

A handwritten signature in black ink that reads "Ronald Wagner MD". The signature is written in a cursive, flowing style.

Ronald Wagner, M.D.

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

RW/JC