



STAND-UP MRI OF BENSONHURST, P.C.

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MULTI-POSITION MRI

Accredited by the American College of Radiology

VICTOR I PLATA

N10094867-BE Report Date: 05/11/2022

DOB: 03/29/1950

Exam Date: 05/10/2022

ERIC P KEEFER MD

444 MERRICK RD

LYNBROOK, NY 11563

MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

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

HISTORY: Patient complains of bilateral shoulder pain and decreased range of motion.

INTERPRETATION: AC joint arthrosis.. No separation. No lateral sloping of the acromion. No inferior curvature. Narrowing of the supraspinatus outlet. No narrowing of the humeral-acromial interval.

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

Supraspinatus tendinopathy and fraying with moderate-grade articular and insertional tear and traction spurring. No muscle atrophy or tear.

Biceps is intact in the groove. Anchor is intact. No tenosynovitis.

Subscapularis tendinopathy. No muscle atrophy or tear.

Anterior capsular thickening. Posterior inferior capsular thickening.

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

No fracture, dislocation, or erosion. Arthrosis of the glenohumeral joint. Joint effusion.

IMPRESSION:

- AC joint arthrosis.
- Supraspinatus tendinopathy and fraying with 10 mm moderate-grade insertional articular tear exaggerated by traction spurring.

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MRI OF THE LEFT SHOULDER

- Capsular thickening anteriorly, which can be seen with adhesive capsulitis.
- Tear of the superior labrum.
- Glenohumeral arthrosis.

Thank you for referring your patient to us for evaluation.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark J. Decker". The signature is fluid and cursive, with a large initial "M" and a stylized "D".

Mark J. Decker M.D. D.A.B.R
Musculoskeletal and Spine Radiologist
MD/rt2