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

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MULTI-POSITION™ MRI

Accredited by the American College of Radiology

HASSAN MUHAMMAD**N10118164-BI** Report Date: 09/01/2022**DOB:** 10/17/1986**Exam Date:** 08/31/2022

1996 will be adjusted

STAND UP informed earon

AJIN MATHEW PA
1320 LOUIS NINE BLVD
BRONX, NY 10459**MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER**

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position on a high-field 1.5 Tesla magnet.

HISTORY: The patient complains of bilateral shoulder pain with limited range of motion.

INTERPRETATION: There is inhomogeneity of the anterior leading edge of the supraspinatus tendon representing tendinosis/tendinopathy.

There is inferior positioning of the distal clavicular subarticular margin of the acromioclavicular joint. There is fluid accumulating in the subacromial bursa representing bursitis.

There is synovial fluid at the subscapularis recess of the glenohumeral joint at the glenohumeral articular surface with small amount of fluid in the axillary recess of the glenohumeral joint. There is a focal linear labrocartilaginous junction tear of the posterior labrum which is also associated with focal fissure-like defect at the posterior glenoid articular cartilage. There is also free edge blunting and superficial tear involving the posterior labrum. There is thickening of the anteroinferior joint capsule which is a finding that has been described in patients with a diagnosis of adhesive capsulitis.

There is fluid in the long head of biceps tendon sheath with for tenosynovitis.

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 bicipital tendon otherwise appears unremarkable in position and morphology.

HASSAN MUHAMMAD

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SHOULDER RIGHT MRI**IMPRESSION:**

- Inhomogeneity of the anterior leading edge of the supraspinatus tendon representing tendinosis/tendinopathy.
- Inferior positioning of the distal clavicular subarticular margin of the acromioclavicular joint. Fluid accumulating in the subacromial bursa representing bursitis.
- Synovial fluid at the subscapularis recess of the glenohumeral joint at the glenohumeral articular surface with small amount of fluid in the axillary recess of the glenohumeral joint. Focal linear labrocartilaginous junction tear of the posterior labrum which is also associated with focal fissure-like defect at the posterior glenoid articular cartilage. Free edge blunting and superficial tear involving the posterior labrum. Thickening of the anteroinferior joint capsule which is a finding that has been described in patients with a diagnosis of adhesive capsulitis.
- Fluid in the long head of biceps tendon sheath with for tenosynovitis.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

SW/KA