



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

2050 Eastchester Road, Suite 1B • Bronx, NY 10461

Phone: 718.678.1970 • Fax: 718.678.1975

MULTI-POSITION MRI

Accredited by the American College of Radiology

GRACE FRIMPONG

N10083437-BI

Report Date: 04/05/2022

DOB: 12/10/1965

Exam Date: 04/03/2022

ADNAN QURESHI MD

14 BRUCKNER BLVD

BRONX, NY 10454

MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

INDICATION: The patient complains of left shoulder pain with numbness and weakness..

COMPARISON: No prior study was available for comparison at the time of dictation.

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 18 degree tilt position.

FINDINGS:

Mild AC joint arthrosis. Mild acromial downsloping.

Bursal surface tears/fraying of the supraspinatus tendon with tendinopathy. Tendinopathy of the infraspinatus tendon. Tendinopathy of the subscapularis tendon. Biceps tenosynovitis. Glenohumeral joint narrowing and cartilage thinning. Small joint effusion.

No fracture. Bone marrow signal is normal.

Intact labrum.

The inferior glenohumeral ligament is intact. Teres minor tendon is normal. No muscle atrophy.

No subacromial/subdeltoid bursitis.

IMPRESSION:

1. Mild AC joint arthrosis.
2. Bursal surface tears/fraying of the supraspinatus tendon with tendinopathy. Tendinopathy of the infraspinatus tendon. Tendinopathy of the subscapularis tendon.
3. Biceps tenosynovitis.
4. Small joint effusion.

Sincerely,

GRACE FRIMPONG

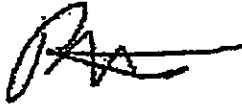
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SHOULDER LEFT MRI 73221

A handwritten signature in black ink, appearing to read 'Priyesh Patel', with a stylized flourish extending to the right.

Priyesh Patel, MD
Certified, American Board of Radiology
Musculoskeletal and Spine Specialist
PP/ad



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Report Date: 05/01/2022

DOB: 12/10/1965

Exam Date: 05/01/2022

SEAN THOMPSON, MD

1045 PARK AVE GROUND FL

NEW YORK, NY 10028

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER

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

HISTORY: Patient complains of right shoulder pain.

INTERPRETATION: Supraspinatus tendinosis noted. No rotator cuff tendon tear identified.

Trace fluid subacromial/subdeltoid bursa. No glenohumeral joint effusion.

The biceps labral anchor, labrum, intra-articular biceps, and glenohumeral ligaments are intact. No tear or subluxation long head biceps tendon.

Lateral downsloping acromion. No os acromiale. No chondral or osteochondral defects, marrow edema, fracture, intraosseous lesion, or Hill-Sachs deformity.

No abnormal muscle signal intensity, atrophy, or soft tissue mass.

IMPRESSION:

- Supraspinatus tendinosis. No rotator cuff tendon tear identified.
- Lateral downsloping acromion.
- Trace fluid subacromial/subdeltoid bursa.

Sincerely,

Samuel Mayerfield, MD