



MULTI-POSITION MRI

STAND-UP MRI OF YONKERS

(Comprehensive MRI of New York, P.C.)
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Accredited by the American College of Radiology

DOROTHY HO-SANG
DOB: 08/09/1957
Exam Date: 05/18/2022

N10074383-YK

Report Date: 05/20/2022

SONIA SIKAND PA
14 BRUCKNER BLVD
BRONX, NY 10454

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the neutral/sitting position.

HISTORY: Patient complains of right shoulder pain with numbness, weakness, and minimal limited range of motion, MVA 01/10/2022.

INTERPRETATION: Supraspinatus and infraspinatus tendons are both prominently enlarged and inhomogeneous with severe tendinosis/tendinopathy. There is also subscapularis tendinosis/tendinopathy which is also severe but less severe than at the supraspinatus or infraspinatus. There is obscuring of peritendinous fat with peritendinous edema. There appears to be synovial thickening within the subacromial bursa, likely representing bursal inflammation.

There is acromioclavicular joint space narrowing with hypertrophic change accompanied by a laterally downsloping Type II acromial configuration. Note is made of a mesoacromion.

There is glenohumeral joint space narrowing with chondral surface thinning of the glenohumeral joint, greatest at the anteroinferior glenoid and inferior glenoid margin where there are subcortical cystic changes. There is glenohumeral spur formation. There is erosion and tear of the anterior labrum. There is erosion involving the remainder of the labrum.

There is intracapsular long head of biceps tendinosis/tendinopathy. There is a paucity of fluid in long head of biceps tendon sheath.

There is clarity reduction throughout the examination due to combination of patient motion and patient body habitus and multiple images were repeated, and best possible study was performed in this respect.

There is some volume loss and atrophy of the deltoid muscle.

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

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also felt to remain otherwise unremarkable in signal and morphology. The bicipital tendon otherwise appears unremarkable in position and morphology.

IMPRESSION:

- Supraspinatus and infraspinatus tendons are both prominently enlarged and inhomogeneous with severe tendinosis/tendinopathy. Subscapularis tendinosis/tendinopathy which is also severe but less severe than at the supraspinatus or infraspinatus. Obscuring of peritendinous fat with peritendinous edema. There appears to be synovial thickening within the subacromial bursa, likely representing bursal inflammation.
- Acromioclavicular joint space narrowing with hypertrophic change accompanied by a laterally downsloping Type II acromial configuration. Note is made of a mesoacromion.
- Glenohumeral joint space narrowing with chondral surface thinning of the glenohumeral joint, greatest at the anteroinferior glenoid and inferior glenoid margin where there are subcortical cystic changes. Glenohumeral spur formation. Erosion and tear of the anterior labrum. Erosion involving the remainder of the labrum.
- Intracapsular long head of biceps tendinosis/tendinopathy. Paucity of fluid in long head of biceps tendon sheath.
- Clarity reduction throughout the examination due to combination of patient motion and patient body habitus and multiple images were repeated, and best possible study was performed in this respect.
- Some volume loss and atrophy of the deltoid muscle.

Thank you for referring your patient to us for evaluation.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology
Fellowship Trained in Musculoskeletal Radiology
SW/JR