



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

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MULTI-POSITION™ MRI

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N10110087-BI

Report Date: 10/03/2022

DOB: 06/21/1955

Exam Date: 10/02/2022

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BRONX, NY 10459

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 10-degree tilt position.

HISTORY: Patient complains of right shoulder pain with numbness and severe effects on movement.

COMPARISON: Previous MRI 09/05/2017.

INTERPRETATION: The supraspinatus tendon again demonstrates an interstitial CID-type partial tear measuring 1 cm extending to its root attachment on the humerus where there is again subcortical reactive change involving the anterosuperior margin of the humeral head at the anterosuperior margin of the greater tuberosity. There is underlying tendinosis of the supraspinatus again present. There is again infraspinatus tendinosis/tendinopathy which is not appreciably changed. The subscapularis tendon demonstrates a new partial tear involving its interstitial portion measuring 11 mm in size located distally.

There is intracapsular long head of the biceps tendinosis/tendinopathy again present at its critical zone.

There is again acromioclavicular joint hypertrophic change which appears progressive since the previous study and associated with joint space narrowing with spur formation abutting the underlying musculotendinous junction of the supraspinatus and exacerbated by an anteriorly downsloping type II acromial configuration which abuts the underlying supraspinatus.

There is progressing glenohumeral joint space narrowing with progressing chondral surface erosion particularly anteriorly and superiorly with progressing glenohumeral spur formation. There is erosion and superficial tear progressing at the anterior labrum and there is now a diffuse superior labral tear with erosion that has also progressed. There is also inferior humeral head spur formation, as well as superior and inferior glenoid spur formation.

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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.

IMPRESSION:

- Supraspinatus tendon again demonstrates interstitial CID-type partial tear measuring 1 cm extending to its root attachment on the humerus where there is again subcortical reactive change involving the anterosuperior margin of the humeral head at the anterosuperior margin of the greater tuberosity. Underlying tendinosis of the supraspinatus again present. Again, infraspinatus tendinosis/tendinopathy which is not appreciably changed. Subscapularis tendon demonstrates new partial tear involving its interstitial portion measuring 11 mm in size located distally.
- Intracapsular long head of the biceps tendinosis/tendinopathy again present at its critical zone.
- Again, acromioclavicular joint hypertrophic change which appears progressive since the previous study and associated with joint space narrowing with spur formation abutting the underlying musculotendinous junction of the supraspinatus and exacerbated by anteriorly downsloping type II acromial configuration which abuts the underlying supraspinatus.
- Progressing glenohumeral joint space narrowing with progressing chondral surface erosion particularly anteriorly and superiorly with progressing glenohumeral spur formation. Erosion and superficial tear progressing at the anterior labrum and now diffuse superior labral tear with erosion that has also progressed. Inferior humeral head spur formation, as well as superior and inferior glenoid spur formation.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

SW/MM