

STAND-UP MRI OF MANHATTAN, P.C.

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STAND-UP MRI _ 3T MRI

JODY SIMMONS

N10132075-

ME

Report Date: 10/05/2022

DOB: 09/19/1957

Exam Date: 10/03/2022

CLARKE, COLIN MD 2598 THIRD AVENUE **BRONX, NY 10454**

MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the 20-degree tilt position.

HISTORY: Patient complains of right shoulder pain.

COMPARISON: Prior MRI dated 11/23/2011.

INTERPRETATION: Tendinosis/tendinopathy remains within the supraspinatus tendon with heterogeneous intrasubstance signal abnormality ventrally approaching the distal insertion. There is trace fluid within the glenohumeral joint and long head biceps tendon sheath.

There is now some thickening of the ventral-inferior glenohumeral joint capsule which, in the proper clinical setting, is consistent with adhesive capsulitis (frozen shoulder).

Hypertrophic changes of the AC joint remain, ventrally and laterally downsloping acromion which abuts the bursal surface of the rotator cuff.

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 glenoid labrum and bicipital tendon otherwise appear unremarkable in position and morphology.

IMPRESSION:

Tendinosis/tendinopathy remains within the supraspinatus tendon with heterogeneous intrasubstance signal abnormality ventrally approaching the distal insertion. Trace fluid within the glenohumeral joint and long head biceps tendon sheath.

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Thank you for referring your patient to us for evaluation.

Sincerely,

Ronald Wagner, M.D.

Diplomate of the American Board of Radiology with added Qualifications in Neuroradiology

Conald hugher MD

RW/JR