DAMADIAN MRI IN CANARSIE, P.C.

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KIABORE BOBLAWINDE

N10116400-CA Report Date:

10/29/2022

DOB:

09/23/1987

Exam Date: 10/27/2022

GORDON DAVIS, DO 1611 EAST NEW YORK AVE BROOKLYN, NY 11212-

MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the recumbent position.

HISTORY: The patient complains of left shoulder pain, status post MVA.

INTERPRETATION: The supraspinatus tendon becomes inhomogeneous toward its anterior leading edge and distally representing tendinosis/tendinopathy where there is obscuring of the adjacent peritendinous fat. There is an anteriorly curved type II acromial configuration which abuts the underlying supraspinatus. There is a paucity of synovial fluid at the glenohumeral articulation. There is a focal region of subcortical cystic change at the posterolateral humeral head convexity and there is trace fluid in the subscapularis recess of the glenohumeral joint.

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:

- Supraspinatus tendon inhomogeneous toward its anterior leading edge and distally representing tendinosis/tendinopathy where there is obscuring of the adjacent peritendinous fat.
- Anteriorly curved type II acromial configuration which abuts the underlying supraspinatus.
- Paucity of synovial fluid at the glenohumeral articulation.
- Focal region of subcortical cystic change at the posterolateral humeral head convexity and trace fluid in the subscapularis recess of the glenohumeral joint.

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Page 2 of 2 SHOULDER LEFT MRI 73221

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/mf