



## STAND-UP MRI OF LYNBROOK, P.C.

229 Broadway • Lynbrook, NY 11563  
Phone: 516.256.1558 • Fax: 516.256.0758

**MULTI-POSITION MRI**

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**CHRISTOPHER HAYES**

**N10041923-LB**

**Report Date: 08/16/2022**

**DOB: 09/07/1982**

**Exam Date: 08/15/2022**

**MICHAEL JURKOWICH MD**

**243-51 MERRICK BLVD**

**ROSEDALE, NY 11422**

### MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

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

**HISTORY:** Patient complains of left shoulder pain, numbness, and weakness.

**INTERPRETATION:** There is inhomogeneity of the anterior leading edge of the supraspinatus tendon with tendinosis/tendinopathy.

There is acromioclavicular joint space narrowing with low-lying position to the anterior acromion with acromioclavicular joint hypertrophic change. There is a mildly laterally downsloping acromial configuration that abuts the underlying supraspinatus. There is paucity of fluid accumulating in the subacromial bursa representing bursitis.

There is a small subcortical cystic change and thinning of the cortical margin of the lateral humeral head convexity. There is blunting of the free edge and superficial tearing of the posterior labrum.

Attention is drawn to the deltoid muscle where anterolaterally at the level of the greater tuberosity is an elongated small bright T2 and relatively low T1-weighted structure measuring 10 mm superoinferiorly x 4 x 3 mm in cross-sectional dimension, probably a small cystic focus or other benign-appearing focus within the deltoid muscle. This can be followed to ensure stability of this likely benign finding with a repeat MRI in six months.

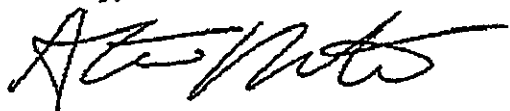
Examination otherwise demonstrates the osseous structures of the shoulder to be otherwise unremarkable in signal and morphology. Muscular and tendinous structures including remaining portions of the rotator cuff are also felt to remain otherwise unremarkable in signal and morphology. The bicipital tendon otherwise appears unremarkable in position and morphology.

**IMPRESSION:**

- Inhomogeneity of the anterior leading edge of the supraspinatus tendon with tendinosis/tendinopathy.
- Acromioclavicular joint space narrowing with low-lying position to the anterior acromion with acromioclavicular joint hypertrophic change. Mildly laterally downsloping acromial configuration that abuts the underlying supraspinatus.
- Paucity of fluid accumulating in the subacromial bursa representing bursitis.
- Small subcortical cystic change and thinning of the cortical margin of the lateral humeral head convexity. Blunting of the free edge and superficial tearing of the posterior labrum.
- Attention drawn to the deltoid muscle where anterolaterally at the level of the greater tuberosity is elongated small bright T2 and relatively low T1-weighted structure measuring 10 mm superoinferiorly x 4 x 3 mm in cross-sectional dimension, probably small cystic focus or other benign-appearing focus within the deltoid muscle. This can be followed to ensure stability of this likely benign finding with repeat MRI in six months.

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/MM