



STAND-UP MRI OF LYNBROOK, P.C.

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MULTI-POSITION MRI

Accredited by the American College of Radiology

STACYANN HINDS

N10132287-LB

Report Date: 10/25/2022

DOB: 04/24/1982

Exam Date: 10/22/2022

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 with effect on range of motion, status post motor vehicle accident.

INTERPRETATION: AC joint hypertrophy. No separation. No lateral sloping of the acromion. No inferior curvature. No narrowing of the supraspinatus outlet. No narrowing of the humeral-acromial interval.

Infraspinatus tendinopathy. 2 mm traction cyst at the humeral head insertion with no fracture. No muscle atrophy or tear.

Supraspinatus tendinopathy. No muscle atrophy or tear.

Biceps is intact in the groove. Tendinopathy extends to the anchor. Tenosynovitis.

Subscapularis tendinopathy. No muscle atrophy or tear.

Anterior capsular thickening. Posterior capsule is intact.

Posterior inferior labrum is intact. Anterior inferior labrum is intact. Superior labrum is intact.

No fracture, dislocation, or erosion. Joint effusion.

IMPRESSION:

- Capsular thickening more noted anteriorly, which can be seen with adhesive capsulitis.
- Biceps tendinopathy with tenosynovitis.

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MRI OF THE LEFT SHOULDER

- Glenohumeral joint effusion.

Thank you for referring your patient to us for evaluation.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark J. Decker", with a stylized flourish at the end.

Mark J. Decker M.D. D.A.B.R
Musculoskeletal and Spine Radiologist
MD/r12