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SINGH, SHAKUNTALA

02/04/1985

45894

Dr. Aleksandr Kopach

MRI OF THE LEFT SHOULDER: 10/12/2022

HX: PIP, rule out tear.

COMPARISON: 10/18/2021

The supraspinatus tendon is again enlarged and inhomogeneous extending towards its anterior leading edge with tendinosis/tendinopathy with superimposed shallow partial thickness bursal surface approximately 8 mm tearing which is non-progressive since previous study. The remaining portions of the rotator cuff and long head of biceps tendons are intact. There is fluid accumulating in the subacromial bursa representing bursitis, again present.

There is no AC joint malalignment. There is a slightly anterolaterally downsloping type II acromion without change. There remains to be no glenohumeral malalignment or capsule/labral defect. There is some thickening of the anteroinferior capsule and thickening of the inferior glenohumeral ligament, both of which are newly present. There is a synovial fluid at the glenohumeral articulation again present without change in volume. There is no bony lesion or fracture or any soft tissue mass or muscle atrophy.

IMPRESSION:

1. Supraspinatus tendinosis with superimposed shallow partial thickness bursal surface approximately 8 mm tearing is again present with peritendinous edema with subacromial bursitis. Additional characterization may be obtained with MR arthrography as clinically warranted.
2. Synovial fluid at the glenohumeral articulation again present, as is an anteriorly downsloping type II acromion.
3. Thickening of the inferior glenohumeral ligament and the anteroinferior joint capsule which is newly present. These findings have been described in patients with a diagnosis of adhesive capsulitis.

A handwritten signature in black ink, appearing to read "Steven W. Winter".

Steven W. Winter, M.D.,
Board Certified Radiologist

E-Sig By S. Winter, MD on 10/17/2022