Damadian Mri in Canarsie, P.C.

2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234 t 718.209.1070 f 718.209.1138

GLADYS MANSARAY

N10090543-CA Report Date: 04/12/2022

DOB: 08
Exam Date: 04

08/26/1952 04/08/2022

GORDON C 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: Patient complains of left shoulder pain status post trauma.

INTERPRETATION: The supraspinatus tendon is enlarged and inhomogeneous extending toward its attachment site on the humerus representing tendinosis/tendinopathy where there is superimposed interstitial CID-type tear at the root attachment of the supraspinatus tendon on the humerus, with the interstitial tear measuring up to 9 mm in size. There is edema in the peritendinous soft tissues.

There are bulbous and inhomogeneous subscapularis and infraspinatus tendons, representing tendinosis/tendinopathy.

There is fluid in the long head of biceps tendon sheath.

Acromicelavicular joint demonstrates fairly modest hypertrophic change with a low-lying and anteriorly more than laterally downsloping type II configuration that abuts the underlying musculotendinous junction of the supraspinatus.

There is synovial fluid accumulating at the axillary and more so the subscapularis recesses of the glenohumeral joint with subscapularis recess fluid distention up to 1.4 cm.

There is subcortical reactive change at the anterior and lateral humeral head convexity.

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.

GLADYS MANSARAY

IDS FaxServer

N10090543

Exam Date:

04/08/2022

Page 2 of 2 SHOULDER LEFT MRI 73221

IMPRESSION:

- The supraspinatus tendon is enlarged and inhomogeneous extending toward its attachment site on the humerus representing tendinosis/tendinopathy where there is superimposed interstitial CID-type tear at the root attachment of the supraspinatus tendon on the humerus, with the interstitial tear measuring up to 9 mm in size. Edema in the peritendinous soft tissues.
- Bulbous and inhomogeneous subscapularis and infraspinatus tendons, representing tendinosis/tendinopathy.
- Fluid in the long head of biceps tendon sheath.
- Acromioclavicular joint demonstrates fairly modest hypertrophic change with a low-lying and anteriorly more than laterally downsloping type II configuration that abuts the underlying musculotendinous junction of the supraspinatus.
- Synovial fluid accumulating at the axillary and more so the subscapularis recesses of the glenohumeral joint with subscapularis recess fluid distention up to 1.4 cm.
- Subcortical reactive change at the anterior and lateral humeral head convexity.

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/MO