**STAND-UP MRI OF THE BRONX, P.C.**

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**MULTI-POSITION MRI**

Accredited by the American College of Radiology

**CHERYL JONES****N10136383-BI****Report Date: 10/27/2022****DOB: 05/25/1985****Exam Date: 10/26/2022****JORDAN FERSEL****2426 EASTCHESTER RD STE 100****BRONX, NY 10469****MAGNETIC RESONANCE IMAGING OF THE RIGHT SHOULDER****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 10-degree tilt position.**HISTORY:** The patient complains of right shoulder pain.

**INTERPRETATION:** The supraspinatus tendon becomes enlarged and inhomogeneous extending toward its anterior leading edge and distally representing tendinosis/tendinopathy where there is fraying of the bursal margin of the distal supraspinatus tendon obscuring the adjacent peritendinous fat. The distal supraspinatus tendon is inhomogeneous with tendinosis/tendinopathy. There is a slightly low-lying position to the anterior acromion. There is a superior labral tear at the 12 o'clock location at the labrocartilaginous junction, without extension to the biceps anchor. There is a paucity of fluid at 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 bicipital tendon otherwise appears unremarkable in position and morphology.

**IMPRESSION:**

- Supraspinatus tendon enlarged and inhomogeneous extending toward its anterior leading edge and distally representing tendinosis/tendinopathy where there is fraying of the bursal margin of the distal supraspinatus tendon obscuring the adjacent peritendinous fat.
- Distal subscapularis tendon inhomogeneous with tendinosis/tendinopathy.
- Slightly low-lying position to the anterior acromion.

CHERYL JONES

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Exam Date:

10/26/2022

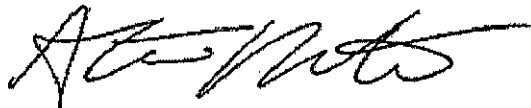
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SHOULDER RIGHT MRI 73221

*Step 1 esr*

- Superior labral *tear* at the 12 o'clock location at the labrocartilaginous junction, without extension to the biceps anchor.
- Paucity of fluid at the subscapularis recess of the glenohumeral joint.

Sincerely,



Steven Winter, M.D.

Diplomate of the American Board of Radiology

Fellowship Trained in Musculoskeletal Radiology

SW/mf