STAND-UP MRI OF YONKERS
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MULTI-POSITION MRI
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DOROTHY HO-SANG **N10074383-YK** **Report Date:** 05/20/2022
DOB: 08/09/1957
Exam Date: 05/18/2022

SONIA SIKAND PA
14 BRUCKNER BLVD
BRONX, NY 10454

MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER

TECHNIQUE: Multiplanar, multisequential MRI was performed in the neutral/sitting position.

HISTORY: Patient complains of left shoulder pain with numbness, weakness, and minimal limited range of motion, MVA 01/10/2022.

INTERPRETATION: The supraspinatus tendon is prominently enlarged and inhomogeneous with severe tendinosis. There is superimposed partial-thickness tearing involving the distal supraspinatus tendon measuring up to 1.5 cm, primarily interstitial tearing. There is no full-thickness communication present. The infraspinatus and subscapularis tendons are inhomogeneous with tendinosis/tendinopathy. There is interstitial partial tear involving the distal 1 cm of the subscapularis tendon. There is volume loss and atrophy of the infraspinatus muscle of a moderate severity.

There are hypertrophic acromioclavicular joint changes accompanied by an anterolaterally downsloping Type II acromion with note made that there is a mesoacromion.

There is intracapsular long head of biceps tendinosis/tendinopathy.

There is glenohumeral joint space narrowing with chondral surface erosion involving the glenoid, particularly central and inferiorly, and there is subcortical cystic change anteroinferiorly at the glenoid and anteriorly with multiple subcortical cystic foci in these regions. The posterior labrum is eroded and torn extending posteroinferiorly. The anterior labrum is also eroded and torn at the labrocartilaginous junction.

There is also intramuscular fatty atrophy of the deltoid.

The patient was not able to remain still for the examination. There is clarity reduction on the examination related to combination of patient's body habitus and patient motion. Best obtainable study was performed in this respect.

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

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also felt to remain otherwise unremarkable in signal and morphology. The bicipital tendon otherwise appears unremarkable in position and morphology.

IMPRESSION:

- The supraspinatus tendon is prominently enlarged and inhomogeneous with severe tendinosis. Superimposed partial-thickness tearing involving the distal supraspinatus tendon measuring up to 1.5 cm, primarily interstitial tearing. The infraspinatus and subscapularis tendons are inhomogeneous with tendinosis/tendinopathy. Interstitial partial tear involving the distal 1 cm of the subscapularis tendon. Volume loss and atrophy of the infraspinatus muscle of a moderate severity.
- Hypertrophic acromioclavicular joint changes accompanied by an anterolaterally downsloping Type II acromion with note made that there is a mesoacromion.
- Intracapsular long head of biceps tendinosis/tendinopathy.
- Glenohumeral joint space narrowing with chondral surface erosion involving the glenoid, particularly central and inferiorly, and subcortical cystic change anteroinferiorly at the glenoid and anteriorly with multiple subcortical cystic foci in these regions. The posterior labrum is eroded and torn extending posteroinferiorly. The anterior labrum is also eroded and torn at the labrocartilaginous junction.
- Intramuscular fatty atrophy of the deltoid.
- The patient was not able to remain still for the examination. Clarity reduction on the examination related to combination of patient's body habitus and patient motion. Best obtainable study was performed in this respect.

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/JR