

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

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MULTI-POSITION MRI

Accredited by the American College of Radiology

EDGARD DILONE**N10065214-BI Report Date: 10/02/2022****DOB:** 09/09/1984**Exam Date:** 09/30/2022**AMIRA NASSER PA****1320 LOUIS NINE BLVD****BRONX, NY 10459****MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST****INDICATION:** Pain, MVA**COMPARISON:** No prior study was available for comparison at the time of dictation.**TECHNIQUE:** T1, T2, and PD, axial, coronal, and sagittal sequences were obtained.**FINDINGS:**

Status post rotator cuff repair. Tendinopathy of the supraspinatus and infraspinatus tendons. No evidence of recurrent tear. Intact subscapularis tendon. Intact biceps tendon. Status post labral repair along the posterior labrum which is blunted/frayed. No evidence of an acute labral tear.

No fracture. Bone marrow signal is normal. Glenohumeral cartilage thinning.

No os acromiale. Mild AC joint arthrosis. Lateral downsloping acromion which may cause impingement.

The inferior glenohumeral ligament is intact. Teres minor tendon is normal. No muscle atrophy.

No effusion. No subacromial/subdeltoid bursitis.

IMPRESSION:

- Status post rotator cuff repair. Tendinopathy of the supraspinatus and infraspinatus tendons. No evidence of recurrent tear.
- Status post labral repair along the posterior labrum which is blunted/frayed. No evidence of an acute labral tear.
- Mild AC joint arthrosis. Lateral downsloping acromion which may cause impingement.
- Glenohumeral cartilage thinning.

Sincerely,

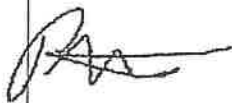
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