



MULTI-POSITION MRI

STAND-UP MRI OF YONKERS

(Comprehensive MRI of New York, P.C.)

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Accredited by the American College of Radiology

CRAIG ARMSTRONG**N10118432-YK****Report Date: 08/14/2022****DOB: 04/12/1989****Exam Date: 08/13/2022****JORDAN FERSEL****2426 EASTCHESTER RD STE 100****BRONX, NY 10469****MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 30 degree tilt position.**HISTORY:** The patient complains of shoulder pain.**INTERPRETATION:** The supraspinatus and infraspinatus tendons are both inhomogeneous distally representing insertional tendinosis/tendinopathy.

There is acromioclavicular joint space narrowing and hypertrophic change with slightly low-lying position of the anterior acromion which demonstrates a laterally downsloping type II configuration which abuts the underlying supraspinatus. The acromioclavicular joint is also abutting the underlying supraspinatus at the more proximal aspect of the musculotendinous junction. There is accumulation of fluid in the subacromial bursa representing bursitis.

There is a paralabral cyst anteroinferiorly at the 5 o'clock location measuring 5 mm. There is thinning of the chondral surface of the anteroinferior glenoid and erosion of the labrum at this region but without focal defect, although given the presence of the paralabral cyst, potential of an occult anteroinferior labral tear would be difficult to exclude, and if warranted on clinical basis, further characterization of the labrum in a more detailed manner may be obtained with MR arthrography.

There is distal subscapularis tendinosis/tendinopathy.

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:

- The supraspinatus and infraspinatus tendons are both inhomogeneous distally representing insertional tendinosis/tendinopathy.

CRAIG ARMSTRONG

N10118432-YK

Exam Date:

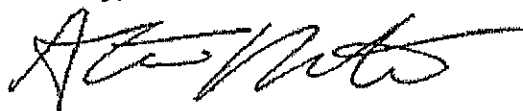
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SHOULDER LEFT MRI

- Acromioclavicular joint space narrowing and hypertrophic change with slightly low-lying position of the anterior acromion which demonstrates a laterally downsloping type II configuration which abuts the underlying supraspinatus. Acromioclavicular joint is also abutting the underlying supraspinatus at the more proximal aspect of the musculotendinous junction. Accumulation of fluid in the subacromial bursa representing bursitis.
- Paralabral cyst anteroinferiorly at the 5 o'clock location measuring 5 mm. Thinning of the chondral surface of the anteroinferior glenoid and erosion of the labrum at this region but without focal defect, although given the presence of the paralabral cyst, potential of an occult anteroinferior labral tear would be difficult to exclude, and if warranted on clinical basis, further characterization of the labrum in a more detailed manner may be obtained with MR arthrography.
- Distal subscapularis tendinosis/tendinopathy.

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/KA