



MULTI-POSITION MRI

STAND-UP MRI OF MANHATTAN, P.C.191 Avenue A • New York, NY 10009
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Accredited by the American College of Radiology

IVETTE GONZALEZ
DOB: 09/06/1979
Exam Date: 09/24/2022

N10128536-MD Report Date: 09/26/2022

SONIA WALKER ADAMSON DO
2426 EASTCHESTER RD
BRONX, NY 10469**MAGNETIC RESONANCE IMAGING OF THE LEFT SHOULDER****TECHNIQUE:** Multiplanar, multisequential MRI was performed in the 30 degree tilt position.**HISTORY:** Patient complains of left shoulder pain with numbness, weakness and moderate effect on movement.**INTERPRETATION:** There is motion degradation on several sequences, which does not significantly diminish the overall quality of the examination.There is limited inferior migration of the humeral head. The acromioclavicular joint is preserved.
There is a laterally downsloping acromion.

Evaluation of rotator cuff musculature reveals tendinosis of anterior and central fibers of the supraspinatus tendon. Infraspinatus, teres minor, and subscapularis muscles are preserved.

There is a capsular effusion. There is anatomic decompression into the biceps long head tendon sheath. There is axillary recess distention. The biceps long head tendon is anatomic and is intrinsically intact. The biceps anchor is preserved. There is a diminutive anteroinferior labrum. There is no labral tear.

IMPRESSION:

- Supraspinatus tendinosis.

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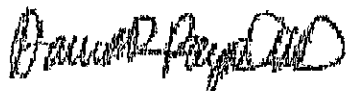
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- Diminutive anteroinferior labrum with no labral tear.

Thank you for referring your patient to us for evaluation.

Sincerely,



David R. Payne, MD

Diplomate of the American Board of Radiology with Added Qualifications in Neuroradiology
DRP/lf