

**STAND-UP MRI OF LYNBROOK, P.C.**

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MULTI-POSITION™ MRI

Accredited by the American College of Radiology

TUNIQUE MCKENZIE
DOB: 07/01/1985
Exam Date: 05/26/2022

N10098087-LB Report Date: 05/27/2022

ALEKSANDR KOPACH PA
430 WEST MERRICK ROAD
VALLEY STREAM, NY 11580

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, weakness, and effect on range of motion.
MVA.

INTERPRETATION: Supraspinatus and subscapularis tendons demonstrate tendinosis/tendinopathy with heterogeneous intrasubstance signal abnormality distally.

Synovial fluid collecting within the axillary recess of the glenohumeral joint and a small bursal fluid collection within the subscapularis recess.

Hypertrophic changes of the AC joint and ventrally downsloping acromion which abuts the bursal surface of the rotator cuff.

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 glenoid labrum and bicipital tendon otherwise appear unremarkable in position and morphology.

IMPRESSION:

- Supraspinatus and subscapularis tendinosis/tendinopathy with heterogeneous intrasubstance signal abnormality distally.
- Synovial fluid collecting within the axillary recess of the glenohumeral joint and a small bursal fluid collection within the subscapularis recess.

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- Hypertrophic changes of the AC joint and ventrally downsloping acromion which abuts the bursal surface of the rotator cuff.

Thank you for referring your patient to us for evaluation.

Sincerely,

A handwritten signature in black ink, reading "Ronald Wagner MD". The signature is written in a cursive, flowing style.

Ronald Wagner, M.D.
Diplomate of the American Board of Radiology
with added Qualifications in Neuroradiology
RW/JC