

STAR MEDICAL IMAGING PC

141 E. Merrick Road Valley Stream, NY, 11580
Phone:(516) 604-0707 Fax:(516) 399-1100

PATIENT NAME:	LADA KING
REFERRING PHYSICIAN:	ALEKSANDR KOPACH
SERVICE:	MRI LEFT SHOULDER
DATE OF SERVICE:	06/16/2022

MRI SCAN OF THE LEFT SHOULDER

HISTORY: History of MVA.

TECHNIQUE: Non-contrast MRI of the left shoulder was performed utilizing multiplanar and multisequence acquisition.

FINDINGS:

The visualized osseous structures are intact. There is no evidence of fracture, dislocation, or bone marrow abnormalities to be suspicious for bone contusions, stress fractures, or acute trabecular microfractures. There is AC joint impingement.

There is minimal fluid in the subdeltoid bursa and mild fluid in the joint capsule compatible with tenosynovitis/bursitis. There is no communication between these two fluid compartments across the conjoined tendon. There is increased signal in the myotendinous supraspinatus. There is no evidence of tendon laxity or retraction. There are no appreciable surface defects. In the given clinical setting, the findings are compatible with myotendinous supraspinatus strain/interstitial tear with associated tenosynovitis/bursitis. The subscapularis and biceps tendons and the biceps anchor are intact.

The axial images demonstrate increased signal in the anterior upper middle glenohumeral ligament. The finding is compatible with an MGHL sprain/interstitial tear.

The visualized portions of the labrum are unremarkable. There is no evidence of labral tear.

IMPRESSION:

Presence of AC joint impingement.

Findings compatible with myotendinous supraspinatus strain/interstitial tear with associated tenosynovitis/bursitis as discussed in the body of the report.

Sprain/interstitial tear of the anterior upper MGHL as described above.

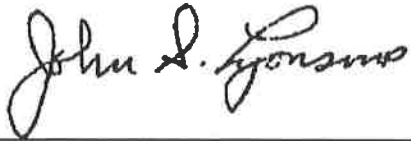
The visualized portions of the labrum are intact.

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Thank you for the courtesy of this consultation.



John Lyons, M.D.
Radiologist