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<b>PATIENT NAME:</b>	<b>ESTHER PUENTE</b>
<b>REFERRING PHYSICIAN:</b>	<b>JORDAN FERSEL</b>
<b>SERVICE:</b>	<b>MRI RIGHT SHOULDER</b>
<b>DATE OF SERVICE:</b>	<b>10/19/2022</b>

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**MRI SCAN OF THE RIGHT SHOULDER****HISTORY:** History of MVA.**TECHNIQUE:** Non-contrast MRI of the right shoulder was performed utilizing multiplanar and multisequence acquisition.**FINDINGS:**

There is AC joint arthrosis and malalignment of the AC joint with secondary impingement upon the underlying supraspinatus muscle. 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 minimal fluid in the subdeltoid bursa and mild to moderate 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. There is mild to moderate fluid in the subcoracoid bursa compatible with subcoracoid bursitis.

The subscapularis and biceps tendons and the biceps anchor are intact. The visualized portions of the labrum are unremarkable. There is no evidence of labral tear.

**IMPRESSION:**

**Arthrosis and malalignment of the AC joint with impingement.**

**Myotendinous supraspinatus strain/interstitial tear with associated tenosynovitis/bursitis as discussed in the body of the report.**

**Mild to moderate fluid in the subcoracoid bursa compatible with subcoracoid bursitis.**

**The visualized portions of the labrum are unremarkable.**

**STAR MEDICAL IMAGING PC**

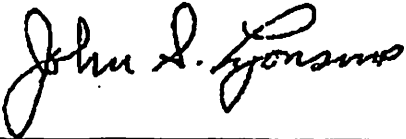
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Thank you for the courtesy of this consultation.



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John Lyons, M.D.

Radiologist