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<b>PATIENT NAME:</b>	<b>LUCY QUEZADA</b>
<b>REFERRING PHYSICIAN:</b>	<b>JORDAN FERSEL</b>
<b>SERVICE:</b>	<b>MRI LEFT SHOULDER</b>
<b>DATE OF SERVICE:</b>	<b>10/12/2022</b>

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**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 arthrosis and malalignment of the AC joint with impingement upon the underlying supraspinatus muscle.

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. In addition, there is focal increased signal in the mid-supraspinatus tendon. There is no evidence of retraction or laxity. The finding is compatible with a strain/interstitial tear of this structure.

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.**

**Findings compatible with strains/interstitial tears involving both the myotendinous supraspinatus and mid-supraspinatus tendon with associated tenosynovitis/bursitis as discussed in the body of the report.**

**The visualized portions of the labrum appear intact.**

**STAR MEDICAL IMAGING PC**

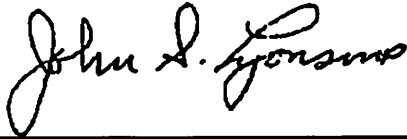
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Thank you for the courtesy of this consultation.



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John Lyons, M.D.

Radiologist