

All County, LLC

Diagnostic Radiology

Article 28 Diagnostic & Treatment Center

Cert. No. 7003267R

08/01/22

Aleksandr Kopach, PA
430 W Merrick Road
Suite# 2
Valley Stream, NY 11580
Fax #:(516) 612-7290

Re: Daniel J Melendez
DOB: 08/07/1979
Pt. Tel#
Patient#: 300921

Dear Dr. Kopach:

MRI OF THE LEFT SHOUDLER

Multiplanar, multisequence, multiecho MRI examination was performed through the left shoulder without intravenous contrast using a low field MRI.

The humeral head is well positioned within the glenoid. The glenohumeral joint appears intact.

There is a slightly curved acromion process with an os acromiale. There is no significant subacromial impingement.

The acromioclavicular joint appears intact.

There is no acute fracture, suspicious intrinsic lesion, or evidence of avascular necrosis.

There is a partial tear involving the most posterior fibers of the distal supraspinatus tendon at the footprint without retraction. There is a tiny intramuscular ganglion cyst noted along the anterior aspects of the musculotendinous junction of the supraspinatus. There is a partial tear of the distal infraspinatus tendon favoring the footprint without retraction. The subscapularis and teres minor tendons and muscles appear intact as does the long head of the biceps tendon. The infraspinatus muscle is unremarkable.

There is no significant glenohumeral joint effusion nor significant fluid/synovitis of the subacromial or subdeltoid bursa.

No labral tears are appreciated on these images.

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MRI OF THE LEFT SHOUDLER

IMPRESSION:

1. Partial tear of the distal supraspinatus tendon involving the most posterior fibers. There is a small intramuscular ganglion cyst noted along the anterior margin of the supraspinatus.
2. Partial tear of the distal infraspinatus tendon by the footprint without retraction.
3. Os acromiale.

Thank you for this referral.

John Himelfarb, MD
ALL COUNTY, LLC
T: 08/02/2022 2:11 PM
JH/PM

Electronically approved by: John Himelfarb, MD Date: 08/03/22 16:40