

STAR MEDICAL IMAGING PC

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

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PATIENT NAME: BREON SALISBURY
REFERRING PHYSICIAN: JOSEPH MARTONE
SERVICE: MRI LEFT SHOULDER
DATE OF SERVICE: 10/07/2022

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:

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 malalignment of the AC joint with secondary impingement upon the underlying supraspinatus muscle.

There is minimal fluid in both the subdeltoid bursa and 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. Minimal fluid is seen 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:

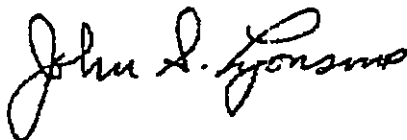
Malalignment of the AC joint with impingement.

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

Minimal fluid in the subcoracoid bursa compatible with subcoracoid bursitis.

The visualized portions of the labrum are intact.

Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist