

STAR MEDICAL IMAGING PC

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

PATIENT NAME:	KRISTIN BROWN
REFERRING PHYSICIAN:	COLLIN CLARKE
SERVICE:	MRI LEFT SHOULDER
DATE OF SERVICE:	09/29/2022

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. No appreciable impingement is demonstrated.

The conjoined tendon is intact. There is minimal fluid in the subdeltoid bursa and minimal fluid in the joint capsule compatible with tenosynovitis/bursitis. There is no communication between these two fluid compartments across the conjoined tendon. There is no evidence of tendon laxity or retraction. There are no appreciable surface defects to be suspicious for focal partial tears. Mild fluid is present 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:

Minimal fluid in the subdeltoid bursa and joint capsule compatible with tenosynovitis/bursitis.

Mild fluid in the subcoracoid bursa compatible with subcoracoid bursitis.

The rotator cuff structures appear intact.

The visualized portions of the labrum are unremarkable.

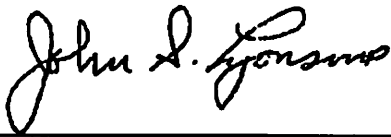
In the given clinical setting of trauma, the study is otherwise Inconclusive which implies the need for further clinical investigation.

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Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist