

# STAR MEDICAL IMAGING PC

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PATIENT NAME:	SHERHONE COUNCIL
REFERRING PHYSICIAN:	JURKOWICH
SERVICE:	MRI LEFT SHOULDER
DATE OF SERVICE:	04/26/2022

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## MRI SCAN OF THE LEFT SHOULDER

CLINICAL HISTORY: Pain.

Routine non-contrast MRI images of the left shoulder were obtained. Prior imaging correlation is not available.

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. There is minimal 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.

## IMPRESSION:

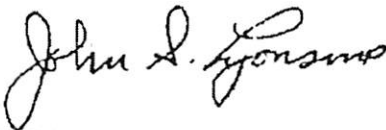
MINIMAL FLUID IN THE SUBDELTOID BURSA AND JOINT CAPSULE COMPATIBLE WITH TENOSYNOVITIS/BURSITIS.

MINIMAL FLUID IN THE SUBCORACOID BURSA COMPATIBLE WITH SUBCORACOID BURSITIS.

THE ROTATOR CUFF STRUCTURES ARE INTACT.

IN THE GIVEN CLINICAL SETTING OF TRAUMA, THE STUDY IS OTHERWISE INCONCLUSIVE WHICH IMPLIES THE NEED FOR FURTHER CLINICAL INVESTIGATION.

Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist