

STAR MEDICAL IMAGING PC

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

PATIENT NAME:	DEAN COLMAN
REFERRING PHYSICIAN:	ALEKSANDR KOPACH
SERVICE:	MRI LEFT SHOULDER
DATE OF SERVICE:	07/14/2022

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 arthrosis and malalignment of the AC joint with impingement upon the underlying supraspinatus muscle. 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 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 with associated tenosynovitis/bursitis.

There is a hyperintense signal in the distal subscapularis muscle body, proximal to the myotendinous region. The finding is compatible with a strain/interstitial tear of this structure. The muscle, fat, and fascial planes are otherwise unremarkable.

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.

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

Strain/interstitial tear of the distal subscapularis muscle body as described above.

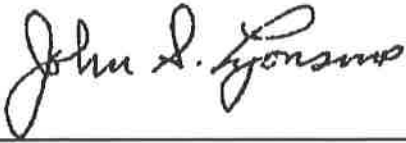
The visualized portions of the labrum are intact.

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Thank you for the courtesy of this consultation.



John Lyons, M.D.
Radiologist