



LENOX HILL RADIOLOGY



GORDON DAVIS DO
1611 E NEW YORK AVE
BROOKLYN, NY 11221

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**SITE PERFORMED: HIGHWAY**

Patient: LUKE, ISAIAH
Date of Birth: 03-30-1998
Phone: (347) 737-7033
MRN: 15497069R **Acc:** 1024267611
Date of Exam: 08-24-2022

EXAM: CT LEFT SHOULDER WITHOUT CONTRAST

HISTORY: Status post motor vehicle accident with left shoulder pain.

TECHNIQUE: Multidetector helical CT of the left shoulder was performed with axial, sagittal, and coronal reconstructions, without intravenous contrast. One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique.

COMPARISON: None available.

FINDINGS: There is no evidence of acute fracture or dislocation. There is no visible post fracture deformity.

The glenohumeral joint space is well preserved. The acromioclavicular joint is intact. An unfused acromial ossification center is present, with mild cortical hypertrophy and sclerosis across the synchondrosis.

There is mild cortical irregularity and subcortical cystic change along the posterior bare area of the humeral head. There is cortical scalloping along the inferior surface of the medial clavicle, likely reflecting a normal rhomboid fossa. No osseous erosion or suspect lytic or blastic lesion is seen.

There is a small curvilinear calcification along the anteroinferior glenoid neck.

There is no large joint effusion or periarticular fluid collection. There is no visible loose body.

The visualized musculotendinous structures, insofar as may be evaluated with CT, are grossly unremarkable.

The left axilla and supraclavicular fossa are within normal limits. There is no suspect pulmonary lesion visualized.

IMPRESSION:

1. No evidence of acute fracture.
2. Small curvilinear calcification along the anteroinferior glenoid neck, favoring chronic/mature periostitis from old capsular avulsion.
3. Mild subcortical cystic change along the posterior bare area of the humeral head, a nonspecific finding which may be loosely associated with overlying rotator cuff tendon pathology.
4. Os acromiale.

Note - This patient has received 0 CT studies and 0 Myocardial Perfusion studies within our network over the previous

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12 month period.



Thank you for the opportunity to participate in the care of this patient.

MICHAEL D SETTON DO - *Electronically Signed: 09-01-2022 12:03 PM*
Physician to Physician Direct Line is: (646) 385-8395

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