

STAR MEDICAL IMAGING PC

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

393

PATIENT NAME: CHRISTINE WILLIAMS
REFERRING PHYSICIAN: PHYLLIS GELB
SERVICE: MRI LEFT SHOULDER
DATE OF SERVICE: 05/13/2022

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 AC joint arthrosis without evidence of impingement. 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.

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 moderate fluid in the subscapularis bursa compatible with subscapularis bursitis. The subscapularis and biceps tendons and the biceps anchor are intact.

The axial images demonstrate increased hyperintensity in the mid to lower labrum compatible with a labral tear. The visualized portions of the labrum are otherwise intact.

IMPRESSION:

Arthrosis of the AC joint without impingement.

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

Moderate fluid in the subscapularis bursa compatible with subscapularis bursitis.

Tear of the mid to lower labrum as described above.

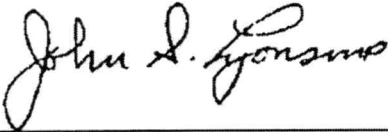
No acute osseous abnormalities.

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Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist