All County, LLC

Diagnostic Radiology

Article 28 Diagnostic & Treatment Center Cert. No. 7003267R

08/01/22

Aleksandr Kopach, PA
430 W Merrick Road
Suite# 2
Valley Stream, NY 11580
Fax #:(516) 612-7290

Re: Daniel J Melendez
DOB: 08/07/1979
Pt. Tel#
Patient#: 300921

Dear Dr. Kopach:

MRI OF THE RIGHT SHOULDER

Multiplanar, multisequence, multiecho MRI examination was performed through the right shoulder without intravenous contrast using a low field MRI.

The humeral head is well positioned within the glenoid. The glenohumeral joint appears intact.

There is a mildly curved acromion process with an os acromiale including some dorsal osteophyte at the synchondrosis.

There is mild widening of the acromioclavicular joint with an acromioclavicular joint effusion. There is no significant subacromial impingement.

There are no gross tears of the coracoacromial ligaments with the coracoacromial distance maintained.

There is no acute fracture, suspicious intrinsic lesion, or evidence of avascular necrosis.

There is a partial tear of the distal infraspinatus tendon favoring the footprint of the anterior fibers and articular surface without retraction. The supraspinatus, teres minor, and subscapularis tendons appear intact as does the long head of the biceps tendon.

The muscles are unremarkable.

There is no significant glenohumeral joint effusion nor significant fluid/synovitis of the subacromial or subdeltoid bursa.

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MRI OF THE RIGHT SHOULDER

No labral tears are appreciated on these images.

IMPRESSION:

1. Os acromiale.
2. Partial tear of the distal infraspinatus tendon favoring the footprint of the anterior fibers and articular surface, without retraction.
3. Mild acromioclavicular joint separation with an acromioclavicular joint effusion. The ligaments appear grossly intact.
4. No labral tears appreciated.

Thank you for this referral.

John Himelfarb, MD

ALL COUNTY, LLC
T: 08/02/2022 2:12 PM
JH/PM

Electronically approved by: John Himelfarb, MD Date: 08/03/22 16:41

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