STAR MEDICAL IMAGING PC

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PATIENT NAME:	**PRINCESS FERGUSON**
REFERRING PHYSICIAN:	**JOSEPH MARTONE**
SERVICE:	**MRI RIGHT SHOULDER**
DATE OF SERVICE:	**10/16/2022**

MRI SCAN OF THE RIGHT SHOULDER

HISTORY: History of MVA.

TECHNIQUE: Non-contrast MRI of the right shoulder was performed utilizing multiplanar and multisequence acquisition.

FINDINGS:

There is AC joint 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 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 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. In addition, there is linear increased signal in the supraspinatus tendon, just proximal to its insertion. Again, there is no evidence of retraction or laxity. No surface defect is seen. The finding is compatible with a strain of this structure.

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:

AC joint arthrosis and malalignment with impingement.

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

The visualized portions of the labrum are intact.

Thank you for the courtesy of this consultation.

John L. Lyons

John Lyons, M.D.
Radiologist