MEDICAL MRI

101-07 Jamaica Ave Richmond Hill, NY, 11418 Phone:(718) 374-3388 Fax:(347) 308-5757

PATIENT NAME:

CHIMERE MAYO

REFERRING PHYSICIAN:

DR. ALEXANDER KOPACH

SERVICE:

MRI LEFT SHOULDER

DATE OF SERVICE:

10/20/2022

MRI SCAN OF THE LEFT SHOULDER

CLINICAL HISTORY: Pain.

Routine non-contrast MRI images of the left shoulder were obtained. Prior imaging correlation is not available.

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 AC joint arthrosis and malalignment of the AC joint with secondary impingement upon the underlying supraspinatus muscle.

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. Moderate fluid is present within the subcoracoid bursa compatible with subcoracoid bursitis.

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.

FINDINGS COMPATIBLE WITH MYOTENDINOUS SUPRASPINATUS STRAIN/INTERSTITIAL TEAR WITH ASSOCIATED TENOSYNOVITIS/BURSITIS AS DISCUSSED IN THE BODY OF THE REPORT.

MODERATE FLUID IN THE SUBCORACOID BURSA COMPATIBLE WITH SUBCORACOID BURSITIS.

THE VISUALIZED PORTIONS OF THE LABRUM APPEAR INTACT.

Orthopedic referral

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Thank you for the courtesy of this consultation.

John Lyons, M.D.

Radiologist

MRN: 23127