

# STAR MEDICAL IMAGING PC

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

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<b>PATIENT NAME:</b>	<b>KADEISHA KELLAR</b>
<b>REFERRING PHYSICIAN:</b>	<b>CATHY DELERME-PAGAN</b>
<b>SERVICE:</b>	<b>MRI RIGHT SHOULDER</b>
<b>DATE OF SERVICE:</b>	<b>09/16/2022</b>

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## 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. The study is limited due to motion artifact.

## FINDINGS:

The visualized osseous structures appear 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 malalignment of the AC joint with secondary impingement upon the underlying supraspinatus muscle.

There is normal fluid in the subdeltoid bursa as well as normal 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.

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.

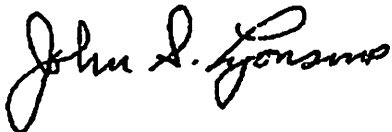
## IMPRESSION:

**Malalignment of the AC joint with impingement.**

**Findings compatible with myotendinous supraspinatus strain/interstitial tear as discussed in the body of the report.**

**The visualized portions of the labrum appear intact.**

Thank you for the courtesy of this consultation.



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John Lyons, M.D.

Radiologist