

STAR MEDICAL IMAGING PC

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

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|-----------------------------|---------------------------|
| PATIENT NAME: | DIMETRI DEFREITAS |
| REFERRING PHYSICIAN: | MIACHEL JURKOWICH |
| SERVICE: | MRI RIGHT SHOULDER |
| DATE OF SERVICE: | 05/25/2022 |

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 malalignment of the AC joint with secondary impingement upon the underlying supraspinatus muscle. 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 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 with associated tenosynovitis/bursitis.

There is a 9 x 30mm fluid collection in the superior myotendinous subscapularis. Slightly deeper is moderate edema in the distal subscapularis muscular body. The findings are compatible with a partial tear of the subscapularis and associated strain/interstitial tear.

The biceps tendon and 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 with associated tenosynovitis/bursitis as discussed in the body of the report.

Partial tear of the subscapularis with associated strain/interstitial tear as described above.

The visualized portions of the labrum are intact.

No acute osseous abnormalities.

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Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist