

MEDICAL MRI PC

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PATIENT NAME:	DENNY MCLENNON
REFERRING PHYSICIAN:	DR. ALEXANDER KOPACH
SERVICE:	MRI RIGHT SHOULDER
DATE OF SERVICE:	03/30/2022

MRI SCAN OF THE RIGHT SHOULDER

CLINICAL HISTORY: Pain.

Routine non-contrast MRI images of the right 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 no evidence of impingement.

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 of trauma and given the presence of impingement, clinical evaluation for superimposed acute strain/interstitial tear of the myotendinous supraspinatus is requested. There is mild fluid in 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.

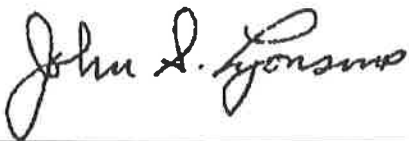
IMPRESSION:

PRESENCE OF AC JOINT IMPINGEMENT.

FLUID IN THE SUBDELTOID BURSA AND JOINT CAPSULE COMPATIBLE WITH TENOSYNOVITIS/BURSITIS WITH INCREASED SIGNAL IN THE MYOTENDINOUS SUPRASPINATUS FOR WHICH CLINICAL EVALUATION FOR SUPERIMPOSED ACUTE STRAIN/INTERSTITIAL TEAR OF THE MYOTENDINOUS SUPRASPINATUS IS REQUESTED AS DISCUSSED IN THE BODY OF THE REPORT.

MILD FLUID IN THE SUBCORACOID BURSA COMPATIBLE WITH SUBCORACOID BURSITIS.

Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist