Star Medical Imaging PC

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PATIENT NAME: Michelle Fletcher
DATE OF SERVICE: 4/13/2022
REFERRING DOCTOR: Phyllis Gelb

MRI Left Shoulder:

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 with secondary impingement upon the underlying supraspinatus muscle.

There is mild 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 of trauma and given the presence of impingement, clinical evaluation for superimposed acute strain/interstitial tear of the myotendinous supraspinatus is requested. The subscapularis and biceps tendons and the biceps anchor are intact.

The sagittal sequences demonstrate a hyperintense signal at the base of the antero-inferior labrum compatible with a tear. Clinical confirmation is requested. The visualized portions of the labrum are otherwise intact.

IMPRESSION:

ARTHROSIS OF THE AC JOINT WITH 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.

FINDINGS COMPATIBLE WITH TEAR OF THE ANTERO-INFERIOR LABRUM AS DESCRIBED ABOVE.

Thank you for the courtesy of this consultation.

John D. Lyons

John Lyons, M.D.
Radiologist