

STAR MEDICAL IMAGING PC

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PATIENT NAME:	ELLA REYES
REFERRING PHYSICIAN:	COLLIN CLARKE
SERVICE:	MRI RIGHT SHOULDER
DATE OF SERVICE:	11/01/2022

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:

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.

The conjoined tendon is intact. 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 no evidence of tendon laxity or retraction. There are no appreciable surface defects to be suspicious for focal partial tears.

There is a fluid collection/hyperintense signal in the subscapularis muscle, proximal to the myotendinous junction. The finding is compatible with a partial tear of this structure. The muscle, fat, and fascial planes are otherwise unremarkable.

The biceps tendon and biceps anchor are intact. The visualized portions of the labrum are unremarkable. There is no evidence of labral tear.

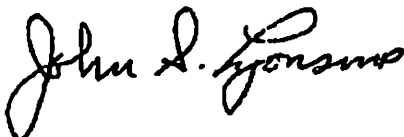
IMPRESSION:

Mild fluid in the subdeltoid bursa and joint capsule compatible with tenosynovitis/bursitis.

Findings compatible with partial tear of the subscapularis muscle as discussed in the body of the report.

The visualized portions of the labrum appear unremarkable.

Thank you for the courtesy of this consultation.



John Lyons, M.D.

Radiologist