STAR MEDICAL IMAGING PC

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

PATIENT NAME: ALLAN LINDOR

REFERRING PHYSICIAN: CATHY DELERME-PAGAN SERVICE: MRI RIGHT SHOULDER

DATE OF SERVICE: 10/16/2022

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 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 and malalignment of the AC joint with secondary impingement upon the underlying supraspinatus muscle.

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, the findings are compatible with myotendinous supraspinatus strain/interstitial tear with associated tenosynovitis/bursitis. There is mild to moderate 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. There is no evidence of labral tear.

IMPRESSION:

Arthrosis and 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.

Mild to moderate fluid in the subcoracoid bursa compatible with subcoracoid bursitis.

The visualized portions of the labrum appear intact.

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Thank you for the courtesy of this consultation.

John D. Jonsons

John Lyons, M.D.

Radiologist

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