

# STAR MEDICAL IMAGING PC

141 E. Merrick Road Valley Stream, NY, 11580  
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PATIENT NAME: KAREN RUSSELL  
REFERRING PHYSICIAN: AMIRA NASCER  
SERVICE: MRI LEFT SHOULDER  
DATE OF SERVICE: 10/11/2022

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## MRI SCAN OF THE LEFT SHOULDER

HISTORY: History of MVA.

TECHNIQUE: Non-contrast MRI of the left 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 malalignment of the AC joint with secondary impingement upon the underlying supraspinatus muscle.

There is mild 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 fluid in the subcoracoid bursa compatible with subcoracoid bursitis.

There is increased signal in the myotendinous subscapularis. There is no evidence of retraction or laxity. The finding is compatible with a strain/interstitial tear of this structure. The subscapularis and biceps tendons and the biceps anchor are otherwise 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.

Mild fluid in the subcoracoid bursa compatible with subcoracoid bursitis.

Strain/interstitial tear of the myotendinous subscapularis as described above.

The visualized portions of the labrum are intact.

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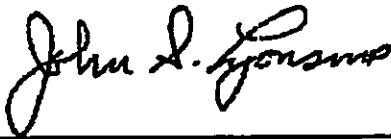
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Thank you for the courtesy of this consultation.



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John Lyons, M.D.  
Radiologist