

MEDICAL MRI PC

101-07 Jamaica Ave Richmond Hill, NY, 11418
Phone:(718) 374-3388 Fax:(347) 308-5757

PATIENT NAME: EVELYN CAJAS
REFERRING PHYSICIAN: GAETAN J.MARIE
SERVICE: MRI RIGHT SHOULDER
DATE OF SERVICE: 04/20/2022

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.

There is a normal variant red-yellow marrow signal pattern. Clinical confirmation with hematological evaluation is suggested. 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 acromial impingement upon the myotendinous supraspinatus.

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

There is increased signal in the coracohumeral ligament which is otherwise intact. There is no evidence of retraction or laxity. No surface defect is seen. In the given clinical setting, the finding is compatible with a sprain/interstitial tear. Clinical confirmation is requested.

The visualized portions of the labrum are unremarkable. There is no evidence of labral tear.

IMPRESSION:

PRESENCE OF ACROMIAL IMPINGEMENT UPON THE MYOTENDINOUS SUPRASPINATUS.

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 TO MODERATE FLUID IN THE SUBCORACOID BURSA COMPATIBLE WITH SUBCORACOID BURSITIS.

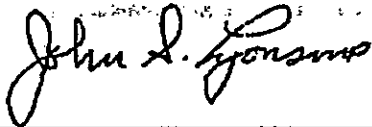
SPRAIN/INTERSTITIAL TEAR OF THE CORACOHUMERAL LIGAMENT AS DESCRIBED ABOVE.

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Thank you for the courtesy of this consultation.



John Lyons, M.D.
Radiologist