

# MAJESTIC MEDICAL II GING PC

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**PATIENT NAME:** LAWRENCE GLENN  
**REFERRING PHYSICIAN:** DR. INNA MAYRKOVICH  
**SERVICE:** MRI RIGHT SHOULDER  
**DATE OF SERVICE:** 08/04/2022

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## 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.

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

There is minimal 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, the findings are compatible with myotendinous supraspinatus strain/interstitial tear with associated tenosynovitis/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.

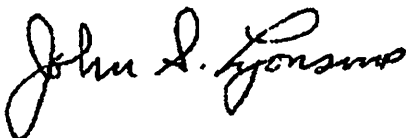
## IMPRESSION:

**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.**

**THE VISUALIZED PORTIONS OF THE LABRUM ARE UNREMARKABLE.**

Thank you for the courtesy of this consultation.



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John Lyons, M.D.

Radiologist