141 E. Merrick Road Valley Stream, NY, 11580
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PATIENT NAME: **BAMILIS MELO**
REFERRING PHYSICIAN: **PHYLLIS GELB**
SERVICE: **MRI RIGHT SHOULDER**
DATE OF SERVICE: **12/06/2021**

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 an incompletely included, large cyst in the humeral soft tissues, measuring approximately 5 x 6 x 4cm in the respective craniocaudad, sagittal, and coronal dimensions for a volume of approximately 60cc. It may be in the pectoralis major muscle. The muscle, fat, and fascial planes are otherwise unremarkable.

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.

The conjoined tendon is intact. 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 no evidence of tendon laxity or retraction. There are no appreciable surface defects to be suspicious for focal partial tears. There is mild fluid in the subcoracoid bursa compatible with subcoracoid bursitis. The subscapularis and biceps tendons and the biceps anchor are intact.

The axial images demonstrate increased signal in the anterior lower labrum consistent with a labral tear. The visualized portions of the labrum are otherwise intact.

IMPRESSION:

INCOMPLETELY INCLUDED, APPROXIMATELY 60CC, LARGE CYST IN THE HUMERAL SOFT TISSUES, WHICH MAY BE IN THE PECTORALIS MAJOR MUSCLE AS DESCRIBED ABOVE.

MINIMAL FLUID IN THE SUBDELTOID BURSA AND JOINT CAPSULE COMPATIBLE WITH TENOSYNOVITIS/BURSITIS.

FINDING COMPATIBLE WITH A TEAR OF THE ANTERIOR LOWER LABRUM.

Thank you for the courtesy of this consultation.

John A. Lyons

John Lyons, M.D.
Radiologist