

---

**PATIENT NAME:** SHANAY LEWIS  
**REFERRING PHYSICIAN:** PHYLLIS GELB  
**SERVICE:** MRI LEFT SHOULDER  
**DATE OF SERVICE:** 08/16/2022

---

**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:**

There is AC joint arthrosis and malalignment of the AC joint with secondary impingement upon the underlying supraspinatus muscle. 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 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. There is loculated 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:**

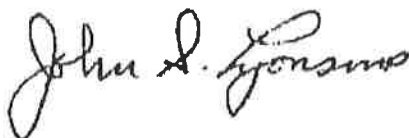
**AC joint arthrosis and malalignment with impingement.**

**Findings compatible with myotendinous supraspinatus strain/interstitial tear with associated tenosynovitis/bursitis as discussed in the body of the report.**

**Loculated fluid in the subcoracoid bursa compatible with subcoracoid bursitis.**

**The visualized portions of the labrum are unremarkable.**

Thank you for the courtesy of this consultation.



---

John Lyons, M.D.

Radiologist