



## PATIENT

Kobe Pena Mitchell

## SPECIES

Canine

## BREED

Maltipoo

## SEX

Male

## AGE

12 Years

## WEIGHT

8.9 kg

## INTERPRETED BY

Heike Rudorf, DVM, Dr.  
med. Vet., DipECVDI  
DVR

## IMAGING PERFORMED BY

DL

## HOSPITAL NAME

Green Dog Dental &  
Wellness

## REFERRING VET

Dr. Habawel

## INVOICE

37380

## DATE

6/5/26

## PRESENTING CLINICAL SIGNS

Patient History: Energetic, frequently jumps off furniture. Housemate dog (Simba) was observed sniffing and showing concern for left side. Normal appetite and activity until this morning. Appears nervous/shaking (unusual behavior). Moving more cautiously than normal.

## RADIOGRAPHIC STUDY OF SHOULDERS AND NECK

C-spine: the surrounding soft tissue structures appear physiological.

Number and shape of the vertebrae are physiological; their surfaces are smooth. No evidence of osseous destruction or lysis is present along the spine. The facet joints appear to be congruent. Small osteophytes are present ventral to some thoracic vertebrae.

The disc spaces appear relatively equal.

Fore legs: the muscle mass appears reduced on the left. All visible bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortico-medullary development and differentiation of the long bones are physiological.

Shoulders: smooth new bone (NB) is present on both caudal humeral heads. On the left, a spur of new bone is also present on the caudal glenoid and in the bicipital groove.

## RADIOGRAPHIC DIAGNOSIS

- Bilateral shoulder arthrosis
- Left bicipital tenosynovitis
- Variation in humeral muscle mass

Incidental finding

- T-spondylosis, mild

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic diagnosis of bicipital tenosynovitis is based on the new bone alone. It will thus have to be viewed in conjunction with the results of the orthopedic and ultrasound examination of the tendon. Comparing muscle mass is difficult on radiographs and I thus suggest using a tape measure for confirmation. Should muscle atrophy be indeed present, cross-sectional imaging of the spine is recommended to rule out nerve root tumor. Prior to this, a clinical examination of the entire leg has to rule out other diseases.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR

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