



PATIENT

Catch Gunn

SPECIES

Canine

BREED

Gold Retriever

SEX

M

AGE

3Y

WEIGHT

25kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

David Lane

HOSPITAL NAME

Points East West
Veterinary Services

REFERRING VET

David Lane

INVOICE

73316

DATE

1-13-26

PRESENTING CLINICAL SIGNS

Please see prior report #68040. Since that time, the patient received Synovetin IA in the left elbow, followed by PRP plus arthramid. This resulted in an excellent clinical improvement until mid December when the LFL lameness returned. On examination, there is reduced flexion of the left elbow with no pain. The patient resists glenohumeral extension and is defensive about having the left shoulder examined. There is mild guarding on right glenohumeral extension, and not the same defensiveness. The left shoulder appears to be the primary source of pain. No instability was detected.

ULTRASONOGRAPHIC STUDY OF THE BILATERAL SHOULDERS

Compared with prior report dated December 2024.

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

Mild to moderate anechoic biceps tendon sheath effusion is seen. Mild to moderate synovial proliferations of the sheath wall are noted with suspected adhesion formation. The medial glenohumeral ligament is mildly thickened with mild irregularity and heterogeneity.

The supraspinatus tendon is unchanged from prior study. There is no evidence of biceps impingement.

No discrete biceps lesions/changes are seen.

Right Shoulder

Mild biceps tendon sheath effusion is noted. The medial glenohumeral ligament is mildly thickened with mild irregularity and heterogeneity.

The supraspinatus tendon is unchanged from prior study. There is no evidence of biceps impingement.

No discrete biceps lesions/changes are seen.

Comparison with prior study:

The supraspinatus tendons remain unchanged bilaterally.

Biceps tendinopathy persists bilaterally but shows stable or slightly increased synovial changes on the left consistent with chronicity and adhesions.

The medial glenohumeral changes are newly appreciable and bilaterally symmetric.

ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral biceps tenosynovitis with mild to moderate tendon sheath effusion, L>R.
- Mild to moderate synovial proliferation and suspect adhesion formation in the left biceps tendon sheath.
- Signs of bilateral mild chronic medial glenohumeral ligament desmopathy – likely chronic or reactive changes.
- Stable supraspinatus tendinopathy without biceps impingement.



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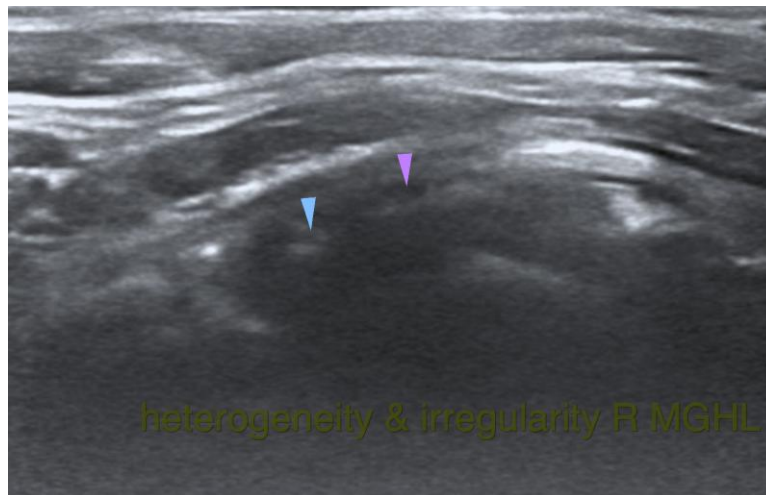
DATE

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals no new tendon tears and no biceps impingement. The ultrasonographic findings are consistent with chronic bilateral biceps tenosynovitis with the left shoulder showing more pronounced synovial proliferation and suspected adhesion formation which may correlate with the current clinical lameness.

The medial glenohumeral ligament changes are bilaterally symmetric and likely chronic adaptive or reactive changes rather than representing acute injury. Clinical correlation is advised.





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

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

info@sonopath.com