



PATIENT

Sadie Baldwin

SPECIES

K9

BREED

Husky x

SEX

FS

AGE

7

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Hunt

INVOICE

73542

DATE

1-29-26

PRESENTING CLINICAL SIGNS

r front lameness for a yr, appears to be shoulder. U/S shoulder

ULTRASONOGRAPHIC FINDINGS

Right Shoulder

The right supraspinatus tendon presents overall normal size and contour. Mild internal echoarchitectural remodeling is present with no evidence of significant fibrosis or mineralization. The maximum average tendon diameter is approximately 7mm on repeated measurements. No fiber disruption is identified. The bone surface of the greater humeral tubercle presents intact and smooth.

The biceps tendon is well delineated with smooth surface, uniform echogenicity, and regular fiber pattern. Evidence of structural tendon lesions is not seen. Mild anechoic effusion is present within biceps tendon sheath. No significant synovial thickening of the tendon sheath lining is observed. There is no evidence of bicipital groove exostosis. Presence of a vacuum phenomenon within the tendon sheath effusion is noted and considered iatrogenic, likely related to prior manipulation and cavitation during clinical examination.

ULTRASONOGRAPHIC DIAGNOSIS

- Early supraspinatus tendinopathy – unlikely to be of clinical significance.
- Mild biceps tendon sheath effusion without sonographic evidence of active tenosynovitis, impingement, or tendinopathy.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic abnormalities that would clearly explain the chronic right forelimb lameness are not identified in the examination of the right shoulder. The ultrasonographic findings are subtle and likely incidental. They do not fully account for the severity and chronicity of the reported right forelimb lameness. Alternative sources of lameness such as elbow pathology, cervical spine, neurologic, or myofascial pain could be considered. Further diagnostic workup may include orthogonal radiographs, elbow imaging, cervical spine evaluation, or advanced imaging depending on clinical findings.



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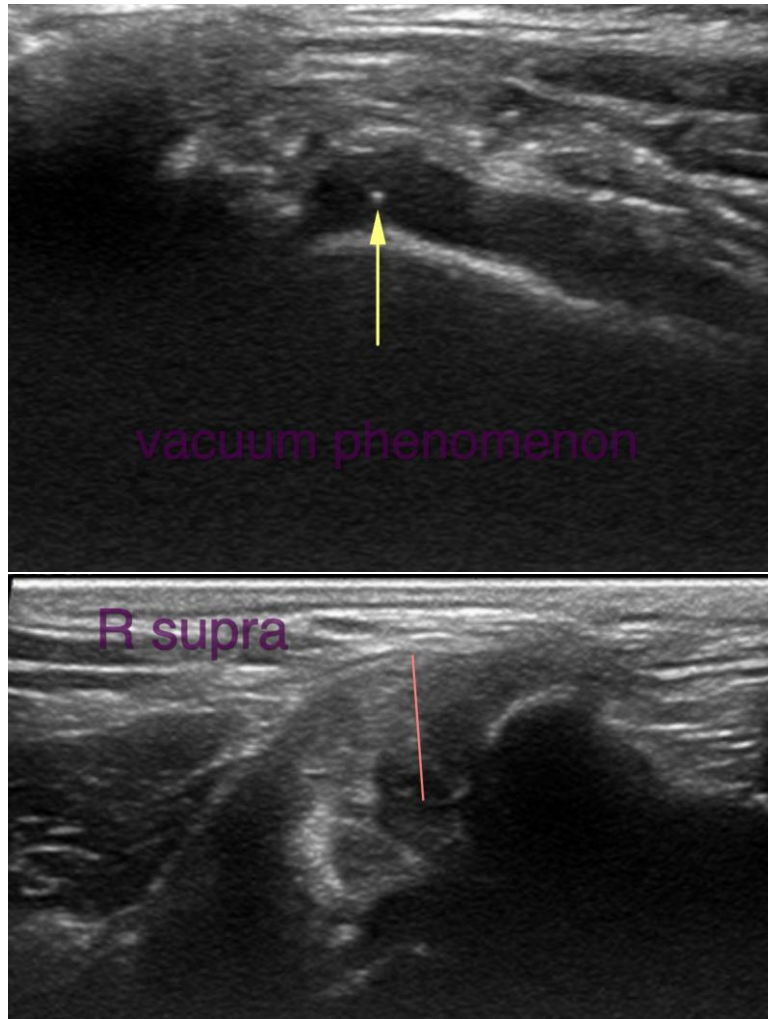
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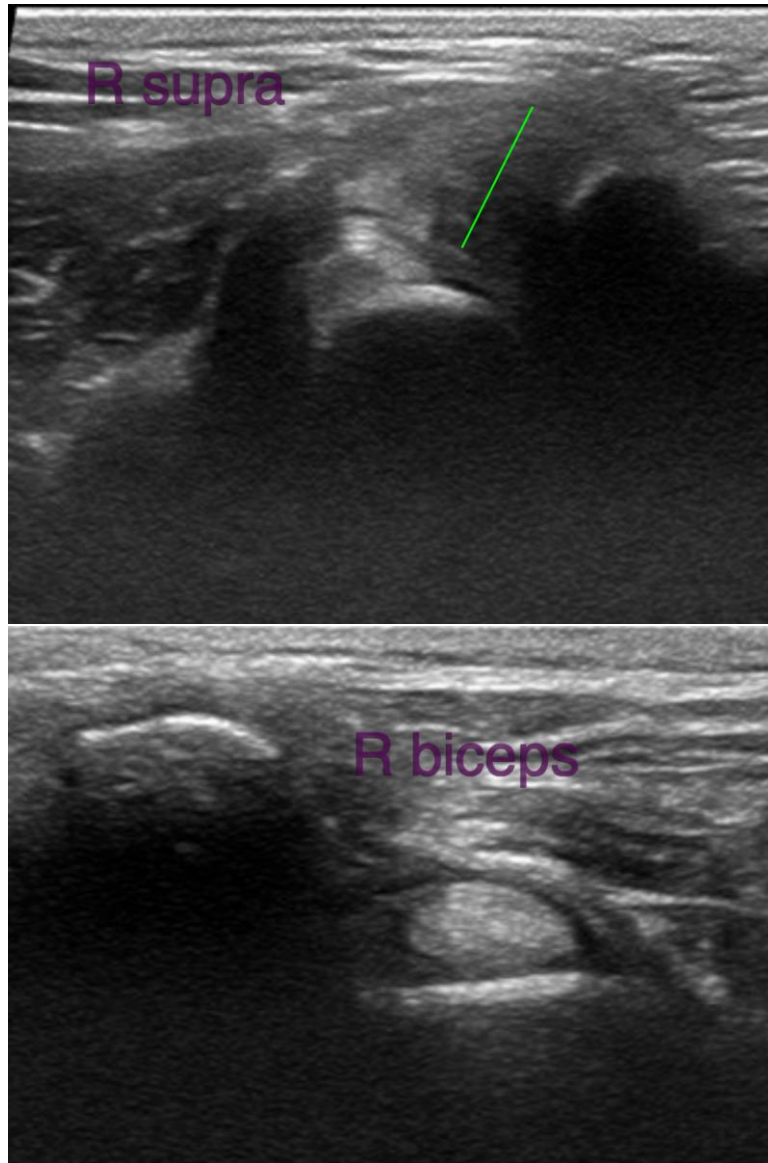
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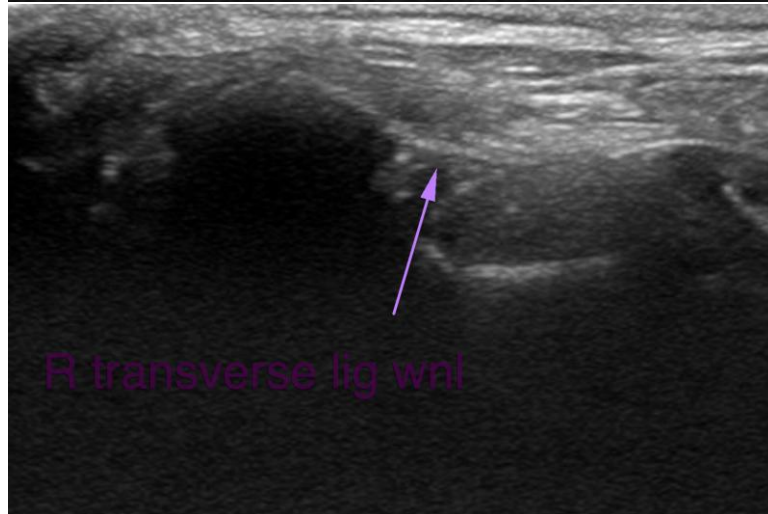
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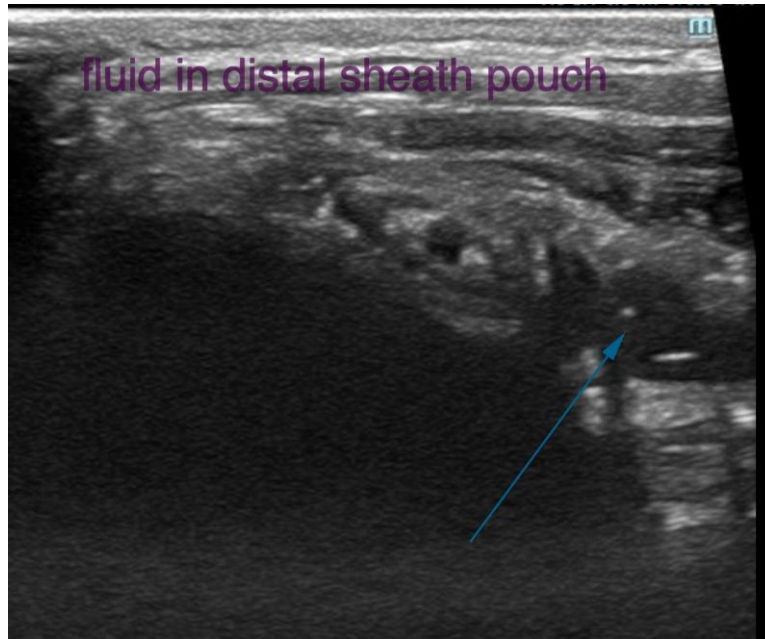
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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