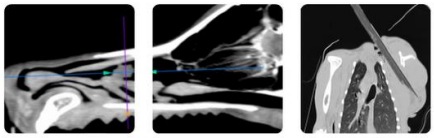

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Della Plumb Caskey

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

3Y

WEIGHT

18kg

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

73178

DATE

1-5-26

PRESENTING CLINICAL SIGNS

Chronic intermittent RFL lameness inconsistently flared by activity. Substantial pain on glenohumeral extension. No instability noted under sedation.

ULTRASONOGRAPHIC FINDINGS

Right Shoulder

Average maximum thickness of the right supraspinatus tendon is 6mm. Mild internal echoarchitectural remodeling of the right supraspinatus tendon is present with nonshadowing small echogenic foci. The general fibrillar architecture appears to be maintained. No discrete tendon fiber disruption is identified. The greater humeral tubercle presents intact and smooth. There is no evidence of biceps impingement.

The biceps brachii tendon is normally positioned with no evidence of structural tendon fiber damage. Mild to moderate anechoic effusion, synovial thickening, early fibrotic changes, and punctured mineralizations within the synovial lining and intertubercular groove are seen.

The medial glenohumeral ligament and subscapularis tendon appear within normal limits without visible focal fiber disruption.

Early periarticular bone remodeling is noted along the visible medial aspect of the right shoulder joint.

Left Shoulder

The average maximum thickness of the left supraspinatus tendon is 6mm. Minimal internal echoarchitectural remodeling of the left supraspinatus tendon is present. The general fibrillar architecture appears to be maintained. No discrete tendon fiber disruption is identified. The greater humeral tubercle presents intact and smooth. There is no evidence of biceps impingement.

The biceps brachii tendon is normally positioned with no evidence of structural tendon fiber damage. Mild anechoic effusion, synovial thickening, early fibrotic changes, and punctured mineralizations within the synovial lining and intertubercular groove are seen.

The medial glenohumeral ligament and subscapularis tendon appear within normal limits without visible focal fiber disruption.

ULTRASONOGRAPHIC DIAGNOSIS

- Mild bilateral supraspinatus tendinopathy with more advanced tendon remodeling on the right – unlikely to be of clinical significance at this point.
- Bilateral biceps tenosynovitis, R>L, without evidence of biceps tendon tearing or impingement.
- Early medial compartment degenerative changes of the right shoulder.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with chronic degenerative shoulder disease which is more advanced on the right side and mainly affecting the biceps tendon sheaths. Clinical correlation is recommended.

No surgical lesion is identified at this point in the right and left shoulder and conservative management such as activity modification, targeted physiotherapy, analgesic and anti-inflammatory therapy, as well as intraarticular or biceps tendon sheath injections can be considered.

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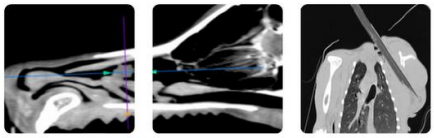

Teleradiology
Educational Teleconsultation Services™

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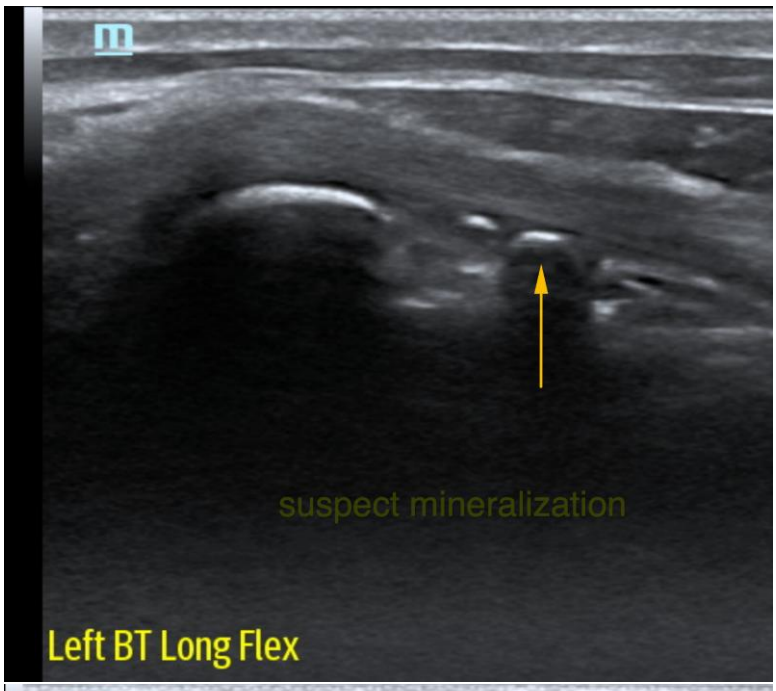

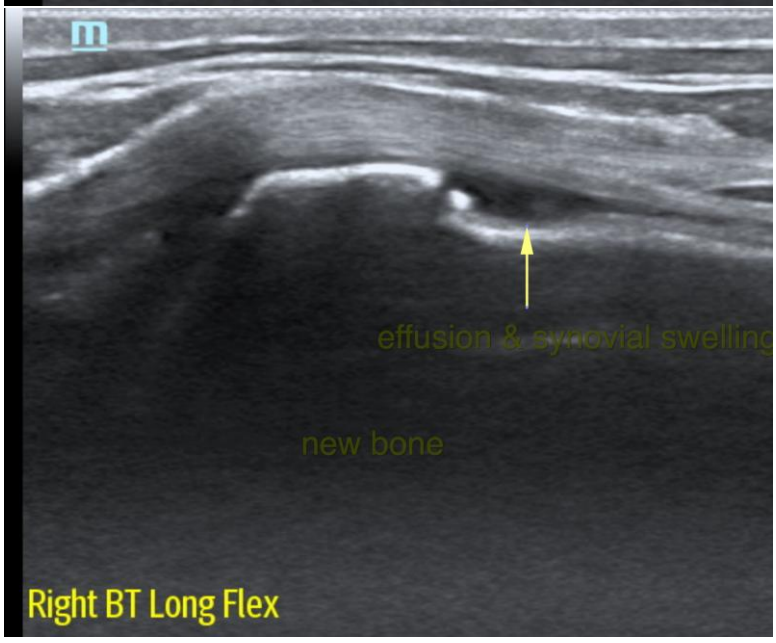

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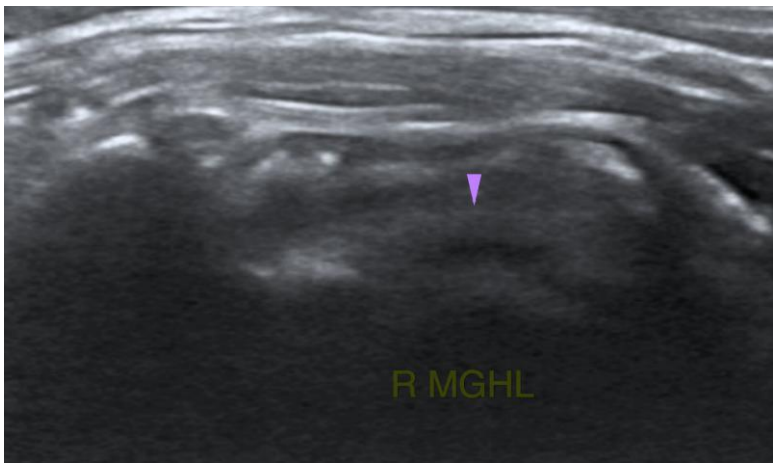

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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