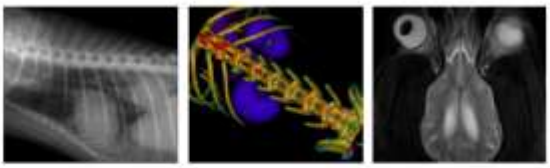

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kasse Dalle

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Female

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Cedarview Animal Hospital

REFERRING VET

Nigel Gumley

INVOICE

48045

DATE

10-27-21

PRESENTING CLINICAL SIGNS

RF leg lameness since June after doing agility. Lameness recurs after long walks and rest, lasts ~ 5 minutes.
Abnormal PE/Chem/CBC/UA Results: RF: uncomfortable in shoulder extension, teres minor, spasms in teres major, abduction uncomfortable and pain in medial shoulder. LH: uncomfortable in sartorius, TFL, tight in quads, uncomfortable in R caudomedial stifle, attempt at drawer but has negative drawer.

ULTRASONOGRAPHIC FINDINGS

Left Stifle

No abnormal effusion is seen within the supra- and infra patellar area. There is no evidence of synovial or capsular thickening or proliferation. The cranial cruciate ligament appears to be continuous and well-delineated, no deviation from normal echoarchitecture is noted. Lateral and medial menisci are within their anticipated positions and align well below the bone surfaces, meniscal surfaces are even and smooth. The echotexture is hypo echoic and uniform. The joint margins are smooth, no osteophytes are seen. The infra patellar fat pad present, the expected echo architecture.

Right Stifle

A minimum amount of anechoic effusion and minimal synovial swelling of the supra- and infra-patellar recesses are seen. The cranial cruciate ligament is continuous and well delineated; however, mild thickening of the cranial cruciate ligament appears to be present. The lateral and medial menisci are in situ with well delineated margins and uniform internal echoarchitecture.

Left Shoulder

The supraspinatus, deltoideus and infraspinatus muscles present within normal limits for shape, volume, echoarchitecture and echogenicity. The transition to the supraspinatus tendon is even and thin. The broad part of the supraspinatus tendon presents within normal limits for its shape, volume and echogenicity. The supraspinatus tendon thickness measures 7mm. There is no evidence of impingement. The attachment to the bone surface of the greater humeral tubercle is even and smooth. The infraspinatus muscle condenses and narrows down to a long tendon of even width, smooth outline and regular echogenic fibular echoarchitecture and up to the attachment to the bone surface of the humerus. There is no evidence of enlargement of the infraspinatus bursa.

The biceps tendon can be seen from its origin through the bicipital groove, up to the musculotendinous transition and is within normal limits for shape, echogenicity and echoarchitecture. There is no evidence of synovial thickening and no evidence of abnormal effusion. The bone surface of the bicipital groove is even and smooth.

The teres minor presents within normal limits.

The visible margins of the shoulder joint are within normal limits.

Right Shoulder

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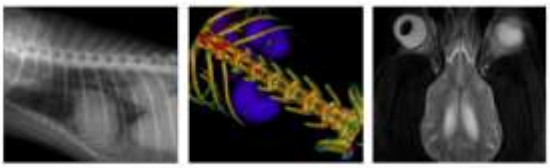

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The supraspinatus, deltoideus and infraspinatus muscles present within normal limits for shape, volume, echoarchitecture and echogenicity. The transition to the supraspinatus tendon is even and thin. The broad part of the supraspinatus tendon presents within normal limits for its shape, volume and echogenicity. The supraspinatus tendon thickness measures 7mm. There is no evidence of impingement. The attachment to the bone surface of the greater humeral tubercle is even and smooth. The infraspinatus muscle condenses and narrows down to a long tendon of even width, smooth outline and regular echogenic fibular echoarchitecture and up to the attachment to the bone surface of the humerus. There is no evidence of enlargement of the infraspinatus bursa.

The biceps tendon can be seen from its origin through the bicipital groove, up to the musculotendinous transition and is within normal limits for shape, echogenicity and echoarchitecture. There is no evidence of synovial thickening and no evidence of abnormal effusion. The bone surface of the bicipital groove is even and smooth.

The teres minor presents within normal limits.

Effusion is noted in the medial joint compartment.

The visible portions of the medial glenohumeral ligament presents smooth with no obvious deviation from the expected echoarchitecture.

ULTRASONOGRAPHIC DIAGNOSIS

- Mild synovialitis of the right stifle joint.
- No evidence of cranial cruciate ligament injury or meniscopathy in the left and right stifle.
- No evidence of biceps tenosynovitis or rotator cuff injury.
- Medial compartment effusion of the right shoulder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild synovialitis and effusion are present in the right stifle joint. The cranial cruciate ligament may well present edema. No evidence of fiber disruption is seen ultrasonographically in the cranial cruciate ligament. No evidence of meniscopathy is present in either of the stifle joints.

The effusion in the medial compartment of the right shoulder may indicate presence of medial compartment injury or incidental translocation of effusion to the medial compartment. No structural injury of the biceps and rotator cuff was identifiable ultrasonographically at this point.

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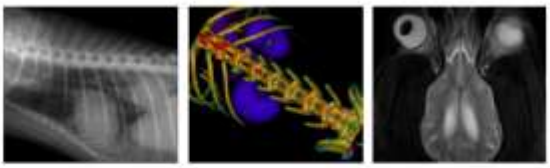

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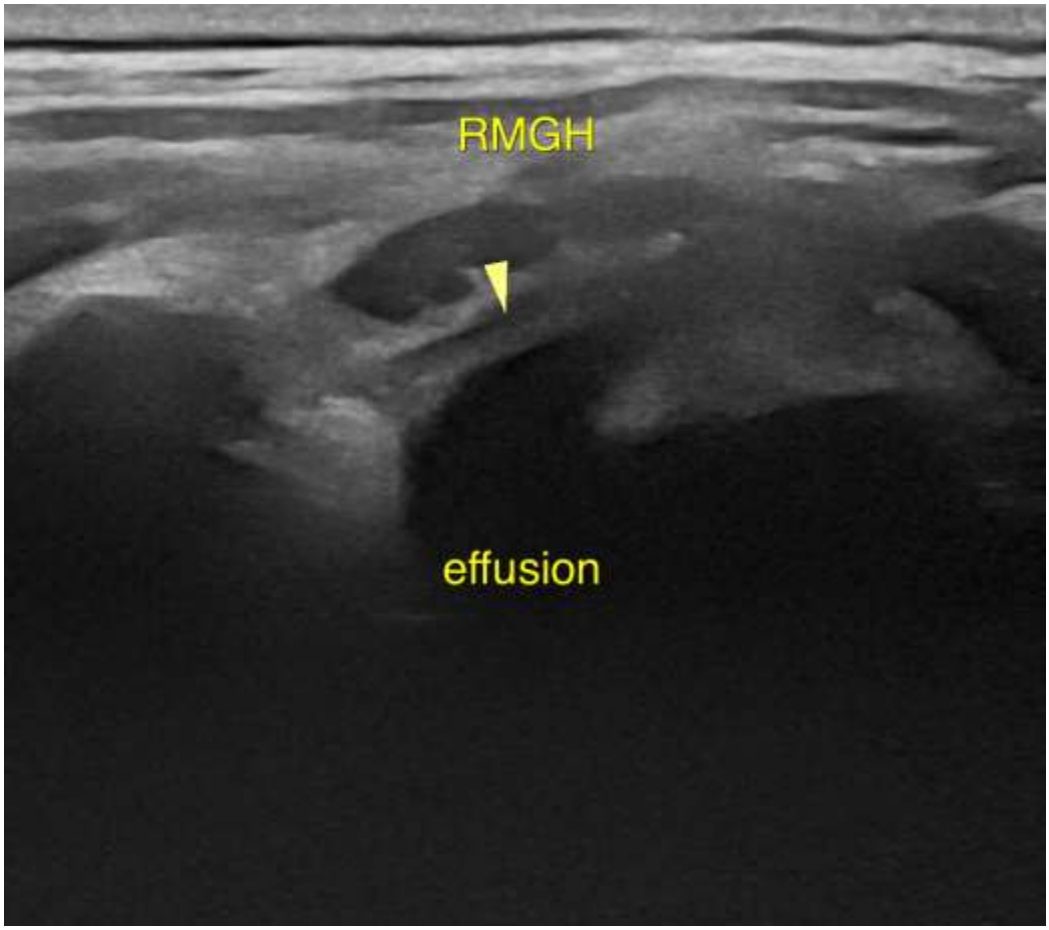

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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