



**PATIENT**

Queenie Ernst

**PRESENTING CLINICAL SIGNS**

Right hind - Tarsus and distal tibia has thickened extensor tendons along the cranial aspect. Radiographs - Normal. RHL -no anomalies. Normal stifle - no pathology. Normal hip. Normal muscle mass and symmetry (comparable to LHL) Current Medications : Cartrophen monthly, Glucosamine SonoPath review of RHL Tarsal joint comparing hock rads: 1. no evidence of neoplasia 2. Intertarsal and tarsometatarsal joints are normal 3. mild new bone formation on lateral aspect of the lateral malleolus and minimal smooth new bone on medial malleolus but no evidence of articular swelling. 4. Possible mild soft tissue swelling dorsal to the tarsocrural joint 5. normal achilles tendon

**SPECIES**

Canine

**BREED**

Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: NAF

**ULTRASONOGRAPHIC FINDINGS**

**Right Tarsus**

**SEX**

SF

Moderate to severe generalized swelling of the tendon sheath of the tibialis cranialis and long digital extensor tendon sheath are seen. The digital extensor tendon sheath measures 2.5mm and the tibia less granules tendon sheath measures up to 3.5mm in thickness which is considered severe. Moderate peritendinous fluid accumulation is seen. There appears to be mild peripheral intratendinous edema. The tendon echoarchitecture presents within normal limits and the tendons are well delineated.

**AGE**

10

The achilles tendon presents within normal limits. Visible collateral ligaments present within normal limits as well.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**ULTRASONOGRAPHIC DIAGNOSIS**

- Moderate to severe right tibialis cranialis and digital extensor tendon tenosynovitis with moderate peripheral cellulitis.

**HOSPITAL NAME**

FVS Imaging

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic findings are compatible with severe tenosynovitis of the tibialis cranialis and digital extensor tendons. This syndrome is well established and termed cunean bursitis in horses. At this point, the tendon fiber patterns appear to be unaltered, and an attempt of conservative management could be made. Consider rest, systemic NSAID treatment, targeted physical therapy, and the use of therapeutic laser could be useful.

**REFERRING VET**

Stelfox

**INVOICE**

47693

**DATE**

10-5-21



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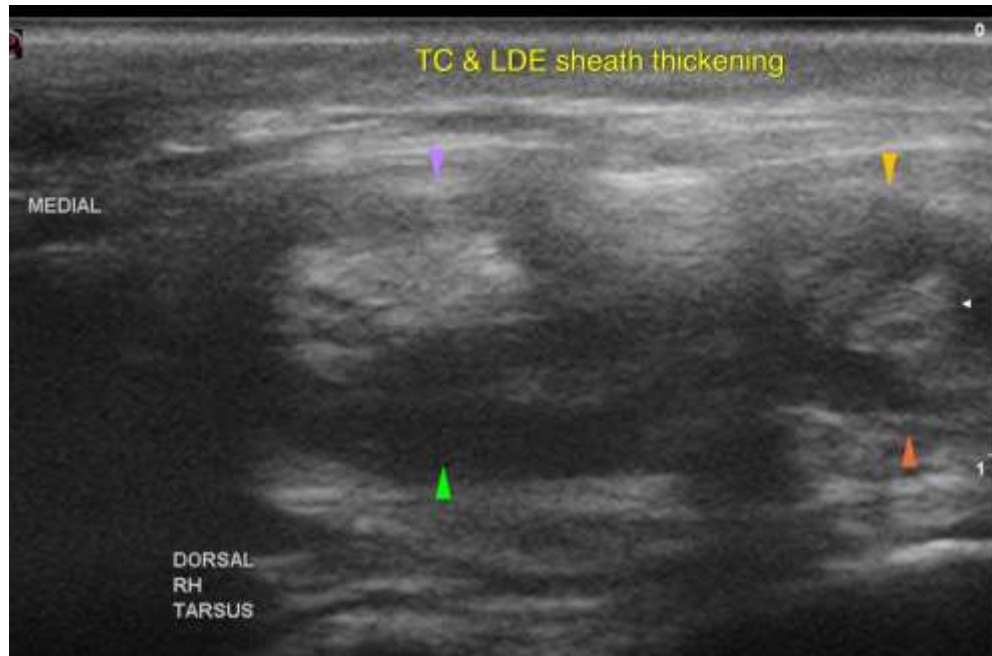
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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