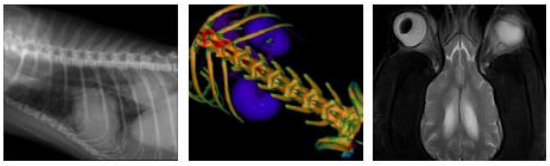

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Koli Hall

SPECIES

Canine

BREED

Lab X

SEX

MN

AGE

5 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Points East West Veterinary Services

REFERRING VET

David Lane

INVOICE

55275

DATE

11-17-22

PRESENTING CLINICAL SIGNS

See prior report #53908. Patient had been progressing well until 3 weeks ago when he slipped and splayed the front legs. Since then, there has been a 1/5 LFL lameness persists at the trot, and the owner reports brief intermittent stiffness when first rising. Walks are confined to 1/2 hour on easy terrain. On examination, there was apprehension on hyperflexion of the left shoulder. Abduction angles have normalized to 20 degrees bilaterally.

ULTRASONOGRAPHIC STUDY OF THE SHOULDERS

Findings are compared to prior reports dated 8/31/22 and 6/10/21.

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

The left supraspinatus tendon presents stationary volume increase with an average thickness of 7.5mm. small echogenic foci with distal acoustic shadowing are seen within the medial and distal portion of the left supraspinatus tendon. There is biceps impingement with slightly better delineated margins between the supraspinatus tendon, transverse ligament, and biceps. Moderate stationary synovial swelling of the bicipital tendon sheath of up to 2mm thickness is seen. The synovial swelling accentuates the proximal aspect of the bicipital tendon sheath within the intertubercular groove. Prominent exostosis is noted within the intertubercular groove of the biceps tendon which appears to be slightly progressive. No echoarchitectural changes of the biceps tendon are seen. There appears to be a mild vacuum phenomenon within the synovial fluid.

Right Shoulder

Average maximum thickness of the right supraspinatus tendon is 7mm which is stationary compared with the prior studies. Echoarchitectural remodeling with partially shadowing echogenic foci is seen within the right supraspinatus tendon. Regional impingement of the biceps is noted with mild generalized thickening of the tendon sheath' s synovium and mildly increased effusion. No echoarchitectural changes of the biceps tendon are noted and stationary mild bony exostosis is present within the intertubercular groove.

ULTRASONOGRAPHIC DIAGNOSIS

- Stationary moderate chronic mineralizing supraspinatus tendinopathy with biceps impingement and moderate chronic biceps tenosynovitis in the left shoulder.
- Stationary mild chronic mineralizing supraspinatus tendinopathy with mild biceps impingement and mild chronic biceps tenosynovitis in the right shoulder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

None of the ultrasonographic findings are progressive except for mild progression of the osseous exostosis within the left intertubercular groove. The synovitis, effusion, and supraspinatus changes all are stationary. The degree of effusion within the bicipital tendon sheaths remains mild in both shoulders as well. It is well known that ultrasonographic changes of biceps tenosynovitis do not necessarily correlate well with the clinical presentation and tend to be irreversible. The current ultrasonographic study is however not able to demonstrate progression of the signs of tenosynovitis in the left and right shoulder.

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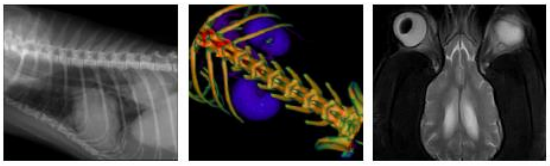

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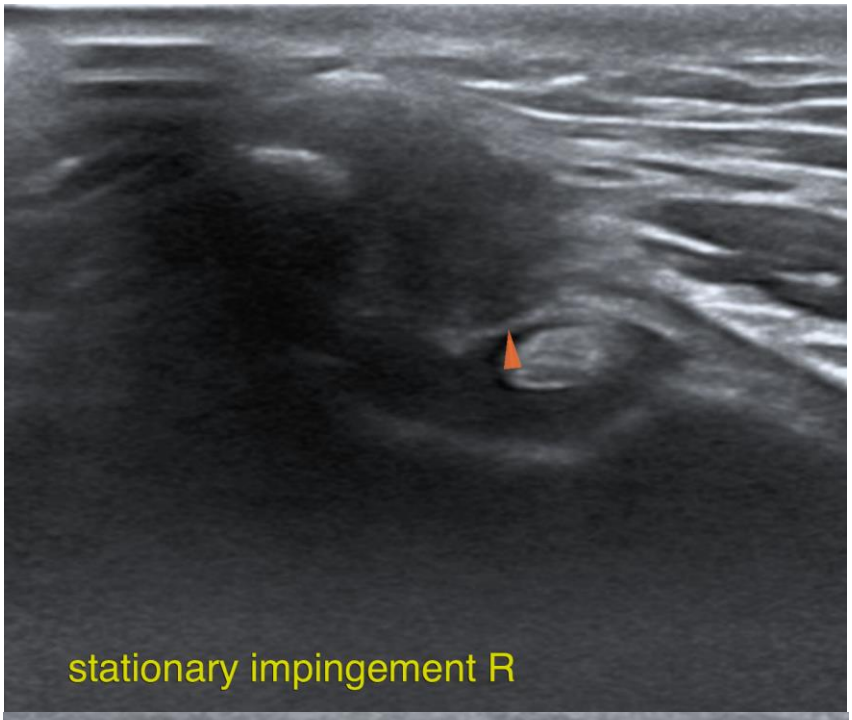

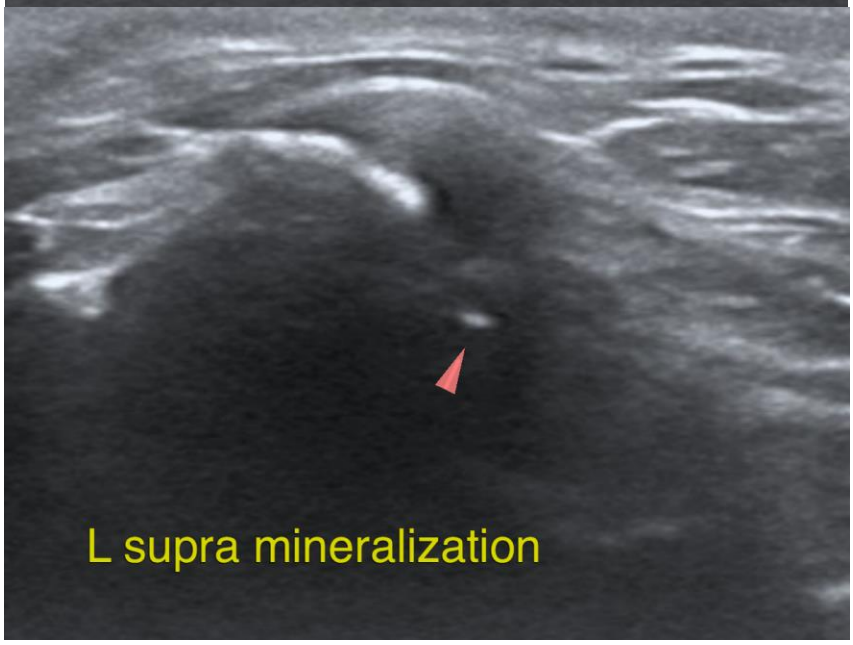

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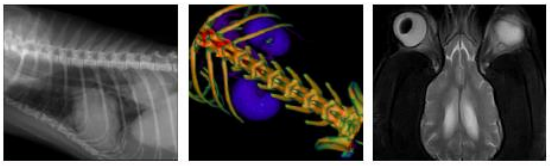

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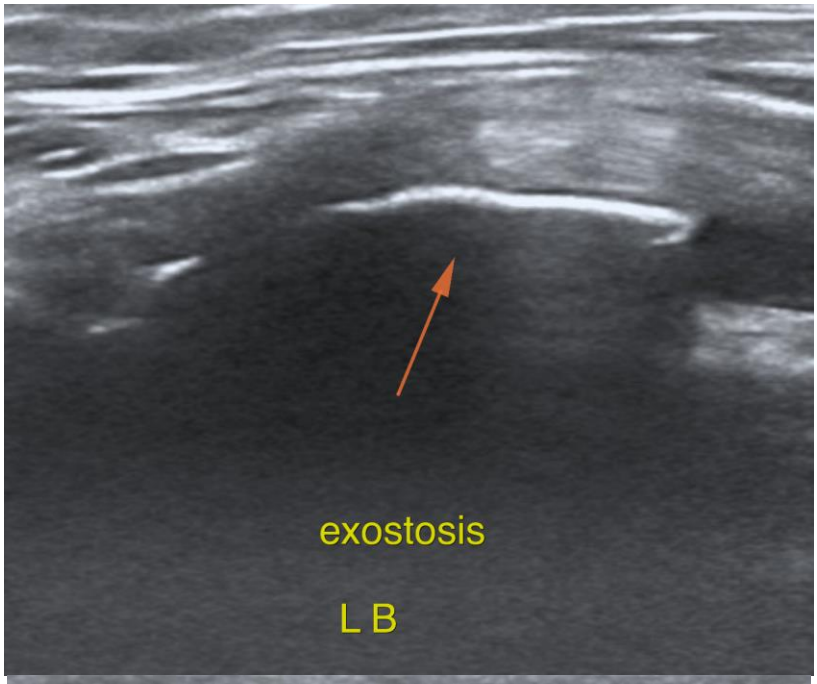

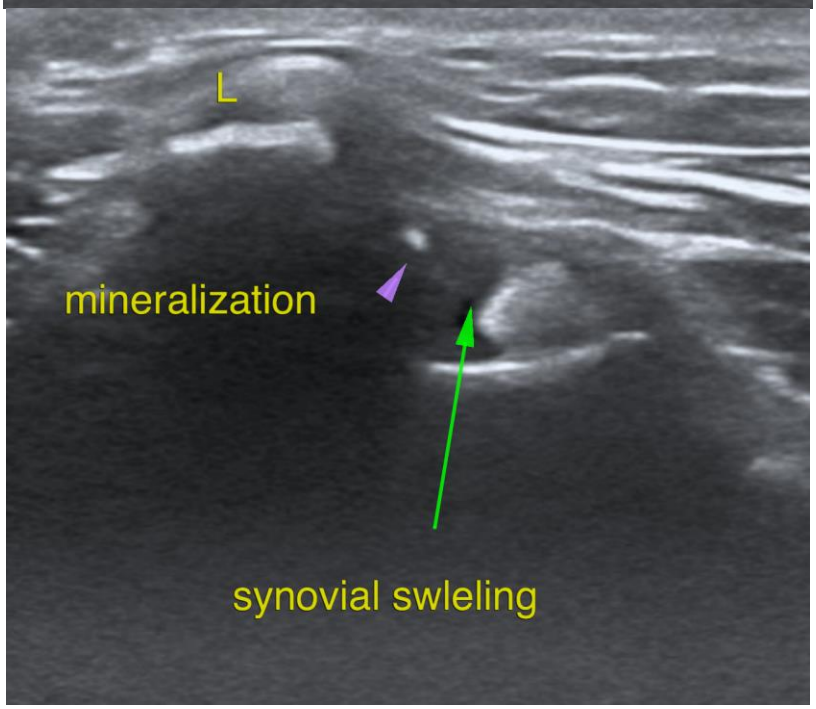

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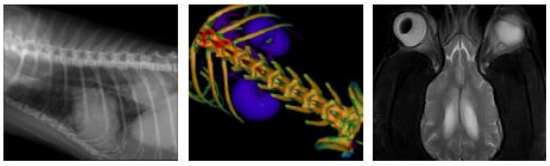

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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