



PATIENT

Raven Higgins

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

5Y

WEIGHT

33kg

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

72664

DATE

11-18-25

PRESENTING CLINICAL SIGNS

Chronic intermittent RFL lameness induced by sprinting or downhill running and resolves after 2 weeks of rest. Both shoulders exhibited pain on glenohumeral flexion and extension, with a painful vocalization at end range biceps stretch on the right. No instability was detected under sedation. The left biceps tendon could be visualized moving under ultrasound visualization during shoulder flexion/extension, but the left biceps tendon could not.

ULTRASONOGRAPHIC FINDINGS

Right Shoulder

The right supraspinatus tendon presents average maximum thickness of 7.5mm and mild internal heterogeneity.

The right biceps tendon is irregular in outline with longitudinal and transverse discontinuity and a defect proximal to as well as at the level of the intertubercular groove. Moderate synovial swelling and effusion are noted. The outline of the intertubercular groove's bone surface is irregular. Mild irregularity of the bone surface of the supraglenoid tubercle is noted as well.

The subscapularis tendon presents mild diffuse thickening. The medial glenohumeral ligament is poorly visualized.

Left Shoulder

The left supraspinatus tendon presents average maximum thickness of 7.5mm and mild internal heterogeneity.

Heterogeneity and swelling of the left biceps tendon are seen proximal to the intertubercular groove close to the origin at the supraglenoid tubercle. Multiple shadowing echogenic foci are seen within the tendon tissue, especially at the origin. The supraglenoid tubercle presents a markedly irregular outline of its bone surface.

Moderate synovial swelling and effusion of the biceps tendon sheath are seen.

Mild thickening of the subscapularis tendon is noted. The medial glenohumeral ligament is poorly visualized.

ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral chronic biceps tenosynovitis and biceps tendinopathy.
- Suspect partial rupture of the right biceps tendon with severe chronic tenosynovitis.
- Suspect ongoing or emerging avulsion of the left biceps tendon at its origin.
- Mild bilateral supraspinatus and subscapularis tendinopathy – unlikely to be of clinical significance.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings support bilateral chronic biceps tendinopathy and tenosynovitis with visible fiber disruptions of the right biceps tendon and chronic tendon tissue remodeling with avulsion and/or dystrophic mineralization at the origin of the left biceps tendon. Orthopedic consultation for arthroscopic evaluation and treatment of the biceps tendinopathy is recommended starting with the right clinically more affected side.



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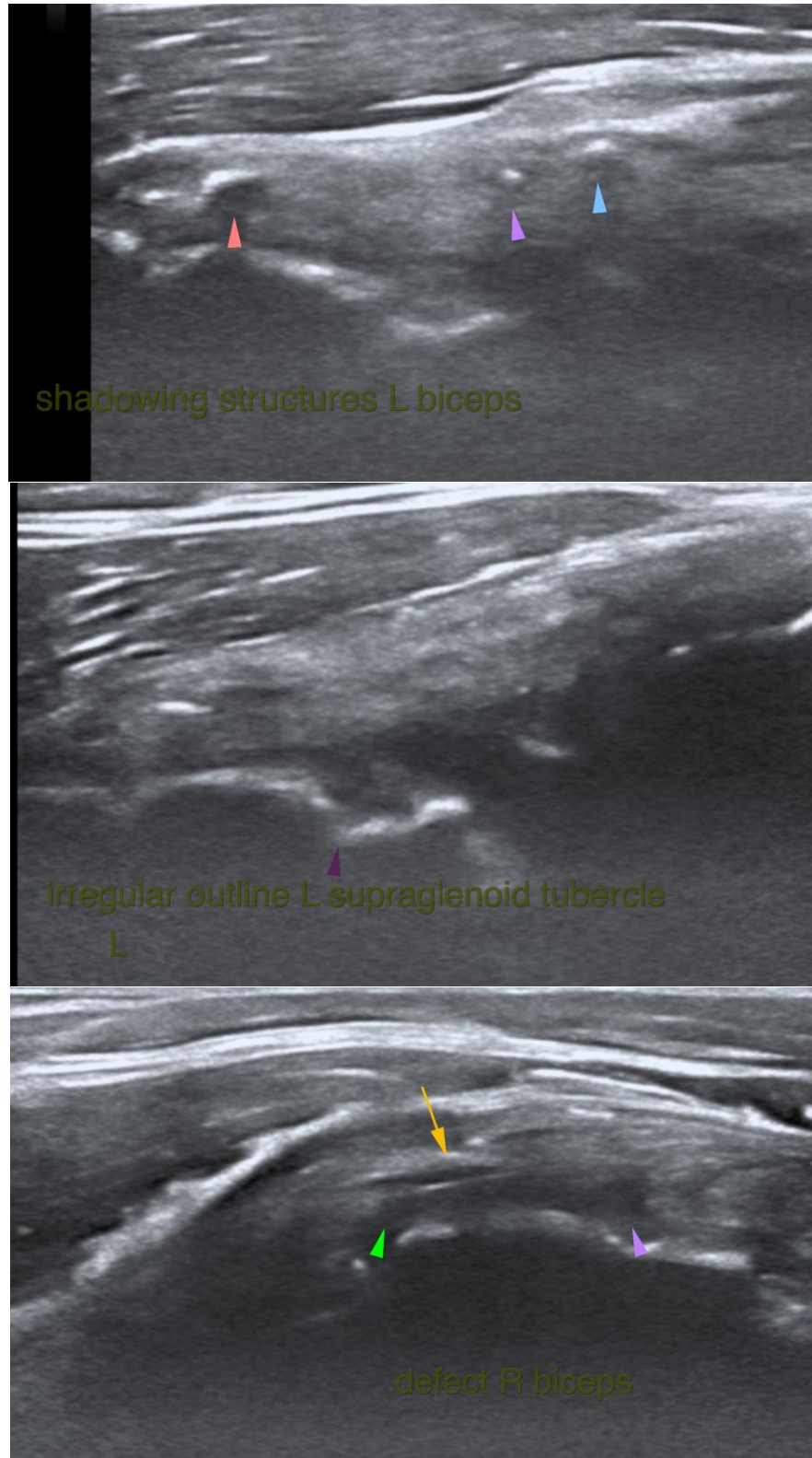
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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