



PATIENT PRESENTING CLINICAL SIGNS

Vilya Lucier Competition agility/disc dog with chronic intermittent RFL lameness following heavier exercise. Aspects of the history suggest possible LFL or thoracic paraspinal pain. Radiographs show mild sclerosis of biceps groove on the left. On examination there was mild repeatable pain on right shoulder hyperflexion, and inconsistent mild pain on abduction. Shoulders are stable.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

The supraspinatus, deltoideus and infraspinatus muscles present within normal limits for shape, volume, and echogenicity. Minor internal echoarchitectural remodeling of the supraspinatus tendon is noted. 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 maximum average thickness of the supraspinatus tendon measures 5.5mm. 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.

BREED

Border Collie

SEX

FS

AGE

3 Years

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. A vacuum phenomenon is seen within the bicipital tendon sheath.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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

Right Shoulder

The supraspinatus, deltoideus and infraspinatus muscles present within normal limits for shape, volume, and echogenicity. Minor internal echoarchitectural remodeling of the supraspinatus tendon is noted. 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 maximum average thickness of the supraspinatus tendon measures 5.5mm. 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.

HOSPITAL NAME

Points East West
Veterinary Services

REFERRING VET

David Lane

INVOICE

55387

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. A vacuum phenomenon is seen within the bicipital tendon sheath. The vacuum phenomenon can be traced far proximally into the synovial fold next to the supraspinatus tendon.

DATE

11-23-22

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



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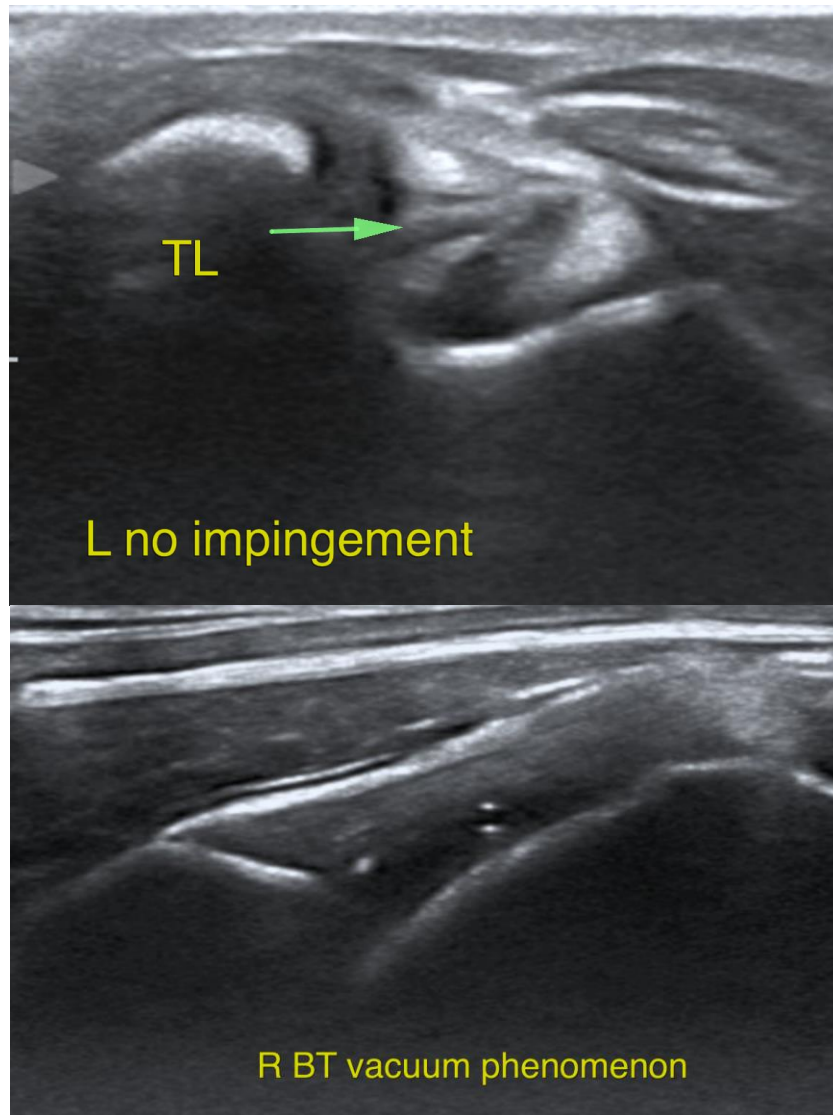
11-23-22

ULTRASONOGRAPHIC DIAGNOSIS

- Normal ultrasonographic presentation of the biceps tendons and rotator cuffs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study did not reveal evidence of structural injury of the biceps tendon. No evidence of impingement or synovialitis was seen. There was a vacuum phenomenon noted within the bicipital tendon sheath on both sides which typically is a consequence of cavitation happening during clinical tests in the shoulder area and not a sign of pathology. The minor internal echoarchitectural remodeling of the supraspinatus tendons is considered within age related normal limits.





PATIENT

Vilya Lucier

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.

SPECIES

Canine

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