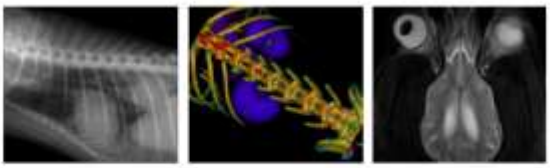
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Hugo Spinner

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Cedarview Animal Hospital

REFERRING VET

Nigel Gumley

INVOICE

48752

DATE

11-30-21

PRESENTING CLINICAL SIGNS

Intermittent lameness to RF leg since Aug/Sept 2021. Responds to rest and meloxicam
Abnormal PE/Chem/CBC/UA Results: Pain on elbow flexion with pronation both forelegs; also pain in R teres minor. Radiographs suggestive of bilateral FCP (very mild osteophytosis)

ULTRASONOGRAPHIC FINDINGS

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. There is mild internal echoarchitectural remodeling of the supraspinatus tendon noted. The maximum supraspinatus tendon thickness measures 8mm on repeated measurements. 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 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, echoarchitecture and echogenicity. The transition to the supraspinatus tendon is even and thin. Mild supraspinatus tendon internal echoarchitectural remodeling is noted. The maximum supraspinatus tendon thickness measures 7.5mm on repeated measurements. 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.

Mild subjective swelling and relatively low echogenicity are noted for the right teres minor muscle. The musculotendinous junction and tendon's attachment to the bone present within normal limits.

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

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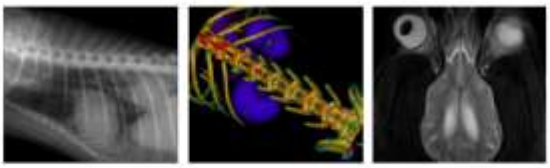

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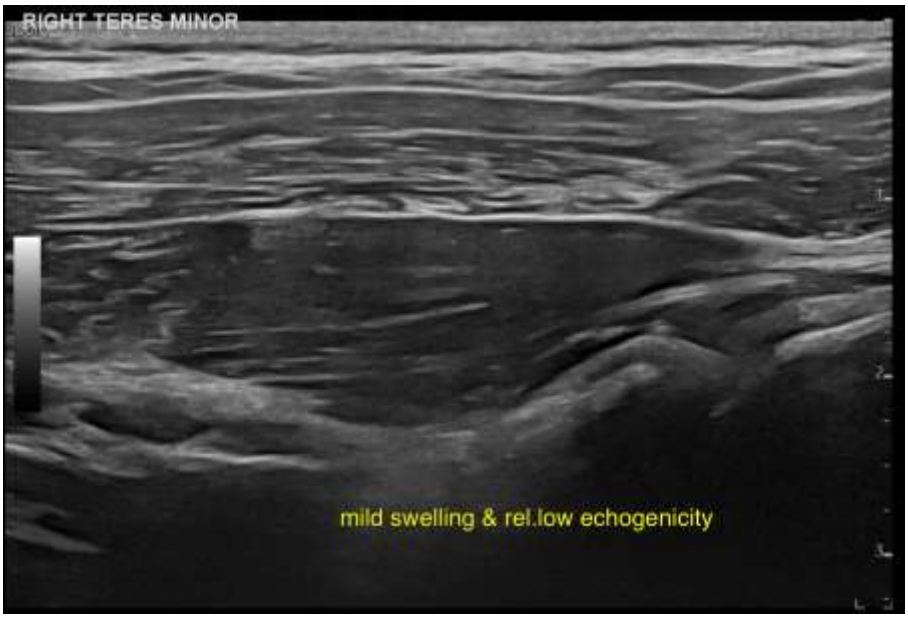
ULTRASONOGRAPHIC DIAGNOSIS

- Suspect right teres minor musculopathy.
- Ultrasonographically normal biceps tendon in both shoulders.
- Minimal bilateral supraspinatus remodeling - unlikely to be of clinical significance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals mild subjective swelling and relatively low echogenicity of within the muscular portion of the right teres minor. Differential diagnosis includes edema, inflammation, and artifact. The changes may be the consequence of discrepant load and biomechanics secondary to the elbow disease. Primary teres minor musculopathy is another potential but less likely based on the concurrent presence of elbow dysplasia.



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
Nele.Eley@sonopath.com