



PATIENT

Zuri Steward-Bindernagel

PRESENTING CLINICAL SIGNS

Foreleg lameness 4 to 5 months, shifting between R and F legs. Does agility and improved with rest.
Abnormal PE/Chem/CBC/UA Results: RF lameness, moderate. RF abduction while sitting. Reduced shoulder extension, spasms in teres minor.

SPECIES

Canine

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. The broad part of the supraspinatus tendon presents within normal limits for its shape, volume and echogenicity. The supraspinatus maximum average thickness is 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

Belgian Shepherd

SEX

FS

AGE

6 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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No echoarchitectural abnormality of the teres minor muscle and tendon are seen.

An isolated ossicle of the infraglenoid tubercle is seen.

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

HOSPITAL NAME

Cedarview Animal Hospital

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. The broad part of the supraspinatus tendon presents within normal limits for its shape, volume and echogenicity. The supraspinatus maximum average thickness is 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.

REFERRING VET

Kim Holzman

INVOICE

55568

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.

DATE

12-13-22

No echoarchitectural abnormality of the teres minor muscle and tendon are seen.



PATIENT

An isolated ossicle of the infraglenoid tubercle is seen.

Zuri Steward-Bindernagel

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

The visible cranial part of the medial glenohumeral ligament is smoothly delineated and continuous measuring 1.5mm in thickness.

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ULTRASONOGRAPHIC DIAGNOSIS

- Normal ultrasonographic presentation of the rotator cuff and biceps in both shoulders.

BREED

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study did not reveal structural evidence of injury in the biceps tendons or rotator cuffs of the right and left shoulder. There was also no evidence of structural changes in the medial compartment of the right shoulder. The view on the medial glenohumeral ligament and entire medial compartment is limited with ultrasound though and medial compartment injury cannot be ruled out entirely. Other potential sources of lameness in the front limb or cervical spine should be ruled out.

SEX

FS

AGE

6 Years

INTERPRETED BY

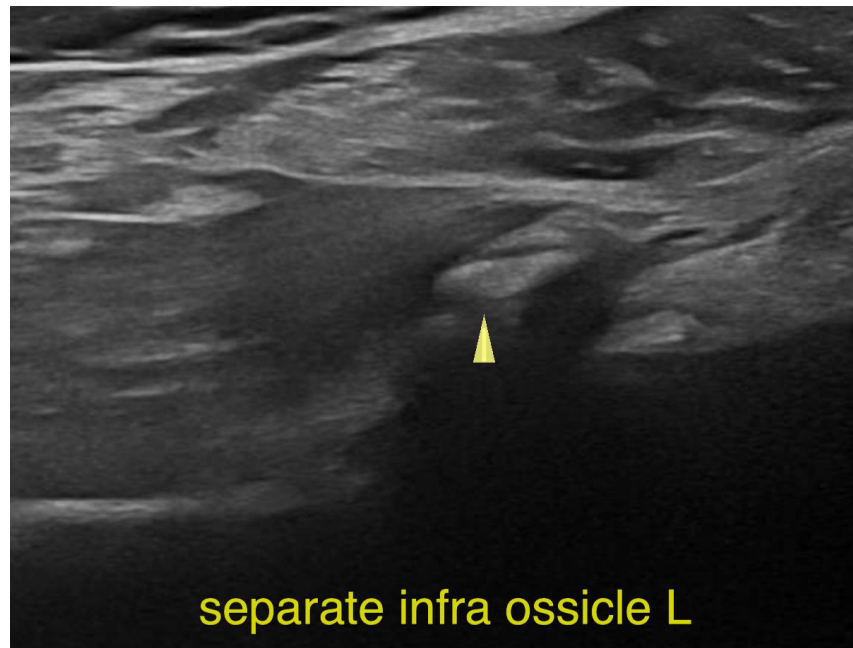
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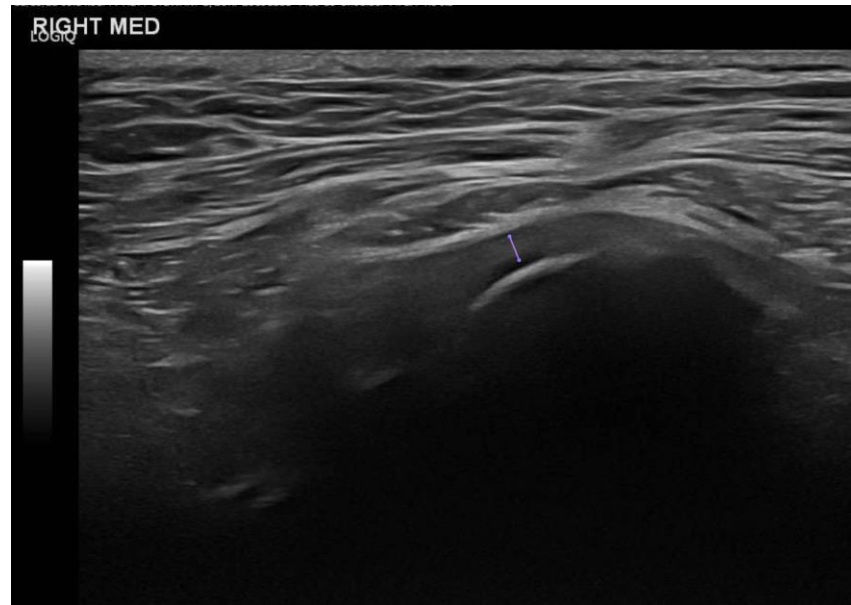
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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