



PATIENT PRESENTING CLINICAL SIGNS

Dixie Wilhite US: both stifles and both shoulders Long runs with the owner per history Suddenly does not want to go and has been sore climbing stairs Mild round (old) calcification distal SUP @ GT humerus R shoulder Normal hip, stifle and spine rads

SPECIES Abnormal PE/Chem/CBC/UA Results: Stable stifles - possible very mild effusion on rads + mild remodeling of fabellae at hamstring attachment and sore with stretch Stiff shoulders, very nervous - suspect sore with shoulder flexion/SUP

Canine

ULTRASONOGRAPHIC FINDINGS

BREED
Left Shoulder

Labrador Retriever Average maximum thickness of the left supraspinatus tendon is 10mm. A 3.5mm sized mineralization is seen close to the greater humeral tubercle. There is a greater humeral tubercle enthesophyte. Overall remodeling of the supraspinatus tendon is noted. There is no evidence of biceps impingement, and the bicipital synovium presents thin. No evidence of increased effusion is noted. The intertubercular groove's bone surface is even and smooth. The left infraspinatus presents within normal limits.

SEX
Male Neutered

AGE
Right Shoulder

4 Years Average maximum thickness of the right supraspinatus tendon is 10mm. A 5mm sized mineralization is seen within the distomedial aspect of the right supraspinatus tendon and surrounded by an anechoic halo. An enthesophyte is seen at the greater humeral tubercle's bone surface and moderate overall echoarchitectural remodeling of the right supraspinatus tendon is noted. There is no evidence of biceps impingement. The bicipital tendon presents within normal limits. Its synovial sheath is thin and smoothly delineated with no evidence of increased effusion. The intertubercular groove's bone surface is even and smooth. The right infraspinatus presents within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Right Stifle

Animal Care Center of
Castle Pines No abnormal effusion is seen within the supra- and infra patellar area. There is no evidence of synovial or capsular thickening or proliferation. The cranial cruciate ligament appears to be continuous and well-delineated, no deviation from normal echoarchitecture is noted. Lateral and medial menisci are within their anticipated positions and align well below the bone surfaces, meniscal surfaces are even and smooth. The echotexture is hypo echoic and uniform. The joint margins are smooth, no osteophytes are seen. The infra patellar fat pad present, the expected echo architecture.

REFERRING VET

Bartling

Left Stifle

INVOICE Mild focal thickening with altered echoarchitecture and decreased echogenicity is seen within the left quadriceps tendon over a length of 10mm. Approximately 5mm proximal to the patella. Fibers of moderate length and regular architecture bridge this area uniformly. The thickness of the tendon shows an overall increase of 10-15% of its original thickness.

55684

DATE

12-15-22



PATIENT

Dixie Wilhite

SPECIES

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ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral mineralizing supraspinatus tendinopathy.
- Suspect active lesion within the right supraspinatus tendon.
- No evidence of concurrent biceps tenosynovitis in the right and left shoulder.
- Suspect old healed injury of the left quadriceps tendon.
- No evidence of cruciate ligament pathology or meniscopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals bilateral mineralizing supraspinatus tendinopathy. The changes are slightly more pronounced on the right when compared with the left side. The largest mineralization within the right supraspinatus tendon presents a thin anechoic halo which suggests this being an active lesion which may cause pain at least intermittently. The supraspinatus tendinopathy is not associated with biceps impingement or tenosynovitis in either of the shoulders and no other significant rotator cuff lesions are found.

The ultrasonographic study of the stifle joints reveals no evidence of arthropathy. The cruciate ligament and medial menisci present within expected limits. There is evidence of a presumably healed old injury of the left quadriceps tendon immediately proximal to the patella which is unlikely to be of clinical significance. Clinical correlation required.





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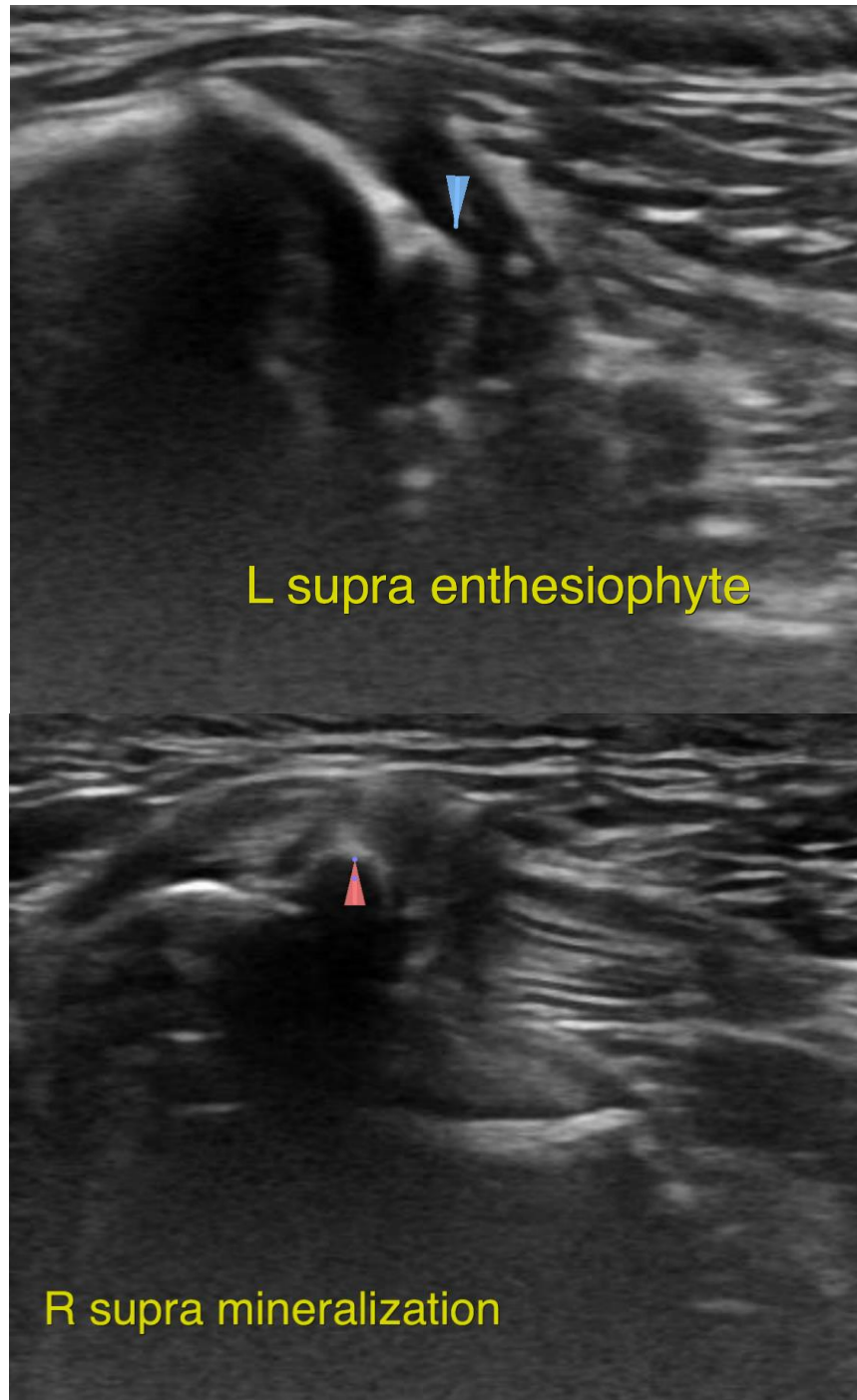
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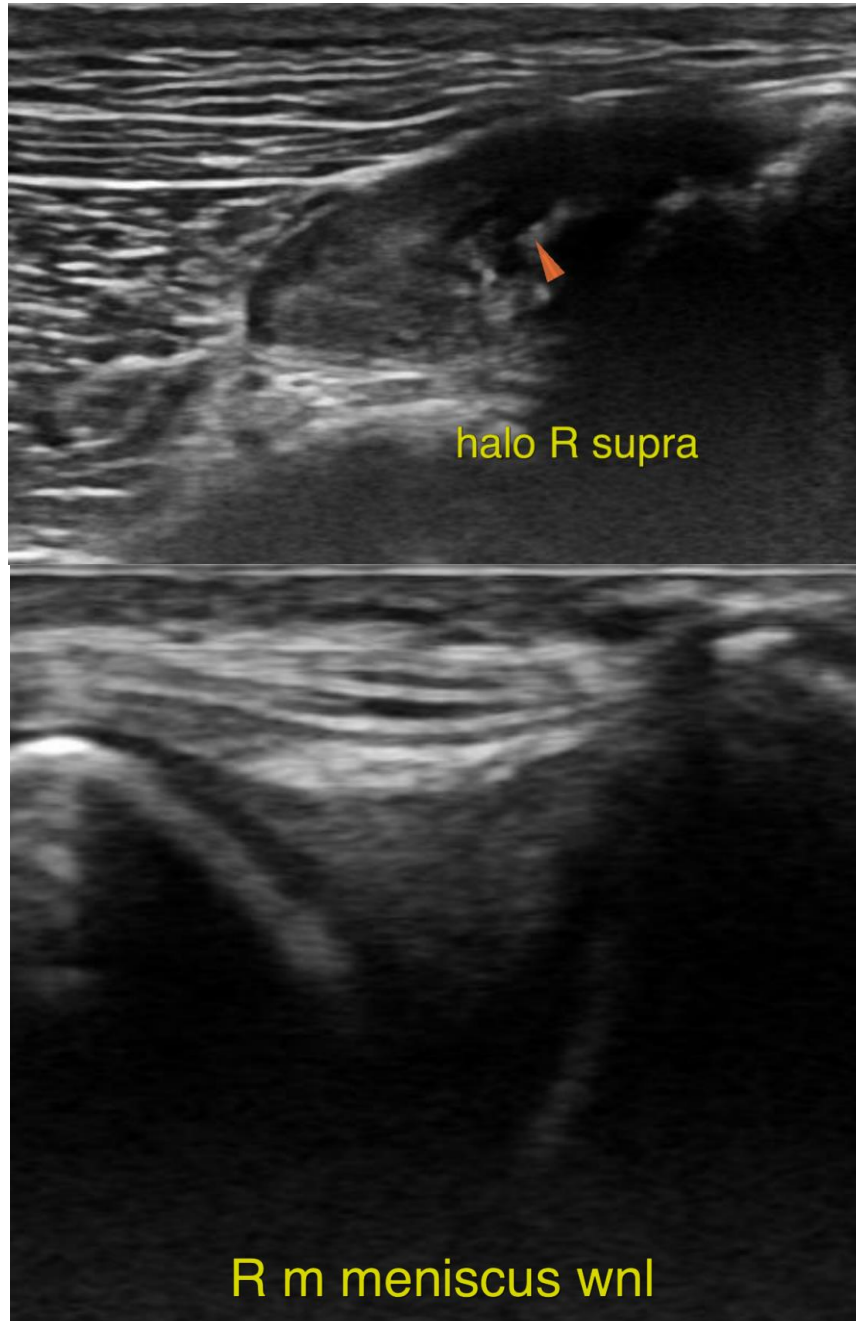
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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