



PATIENT PRESENTING CLINICAL SIGNS

Gracie Bassity 1.5 yrs RTL lameness 2/5 despite Rimadyl and rehab Last 6 months progressive to 3/5 lameness Normal shoulder, elbow, carpus per radiologist 8/2021 New rads taken today are attached as well

SPECIES Abnormal PE/Chem/CBC/UA Results: Pain with left shoulder flexion/mild SUP palpation tenderness Mild pain with right shoulder flexion, more painful with right shoulder ext No pain on biceps stretch either side Mild Pain with lower cervical mobilization C 5-6 Mild Pain with sternum and first rib mobilization No pain or loss of ROM in distal TL extremities Rads unremarkable of shoulders, elbows, cervical spine (not ideal positioning for lateral but good VD), lat thorax Plan to MRI due to mild neck pain reaction if no clear cause of lameness in shoulder ultrasound. I do not see one that I can correlate to clinical presentation. I measured a better comparison view of the R SUP in short axis (SA) it appears as 4.74 cm² vs the image at 4.3. The comparable image is 4.86cm² on the left side.

BREED Australian Cattle Dog

SEX ULTRASONOGRAPHIC FINDINGS

Female Spayed **Right Shoulder**

AGE 10
Mild internal echoarchitectural remodeling of the right supraspinatus tendon is seen accentuating the medial and distal portion of the tendon where pinpoint foci of early mineralization are noted. The supraspinatus tendon measures 7mm. There is focal impingement of the right biceps tendon and transverse ligament. Mild vacuum phenomenon is noted in the bicipital tendon sheath as well as mild increase of anechoic effusion. No echoarchitectural changes of the biceps tendon itself are noted. Early intertubercular groove exostosis is seen. The infraspinatus and visible cranial part of the medial glenohumeral ligament present within normal limits.

INTERPRETED BY Nele Eley, DVM
Dr. med. Vet. DipECVDI **Left Shoulder**

HOSPITAL NAME Animal Care Center of Castle Pines
Mild internal echoarchitectural remodeling of the left supraspinatus tendon is seen accentuating the medial and distal portion of the tendon where pinpoint foci of early mineralization are noted. The supraspinatus tendon measures 6mm. There is focal impingement of the left biceps tendon and transverse ligament. Mild vacuum phenomenon is noted in the bicipital tendon sheath as well as mild increase of anechoic effusion. No echoarchitectural changes of the biceps tendon itself are noted. Early intertubercular groove exostosis is seen.

REFERRING VET ULTRASONOGRAPHIC DIAGNOSIS

- Bartling
- Mild bilateral supraspinatus tendinopathy with early mineralizations and mild focal biceps impingement.
 - Mild grade 1 biceps tenosynovitis in the right and left shoulder.

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

48784 The ultrasonographic study reveals chronic supraspinatus tendinopathy with early mineralization and mild biceps impingement in both shoulders. The changes are slightly more pronounced on the right when compared with the left side. However, the biceps tenosynovitis caused by the supraspinatus tendinopathy with impingement is very mild and bilaterally symmetric. Clinical significance remains questionable at this point. The supraspinatus tendinopathy and secondary biceps tenosynovitis may contribute to the clinical signs; however, based on the mild degree and

DATE 12-4-21



PATIENT

Gracie Bassity

bilaterally symmetric presentation, I do consider them unlikely to cause unilateral and significant lameness in this patient. Hence, I would be supportive of ruling out neurologic disease such as cervical as well as peripheral neuropathy by means of MRI in this patient.

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Female Spayed

AGE

10

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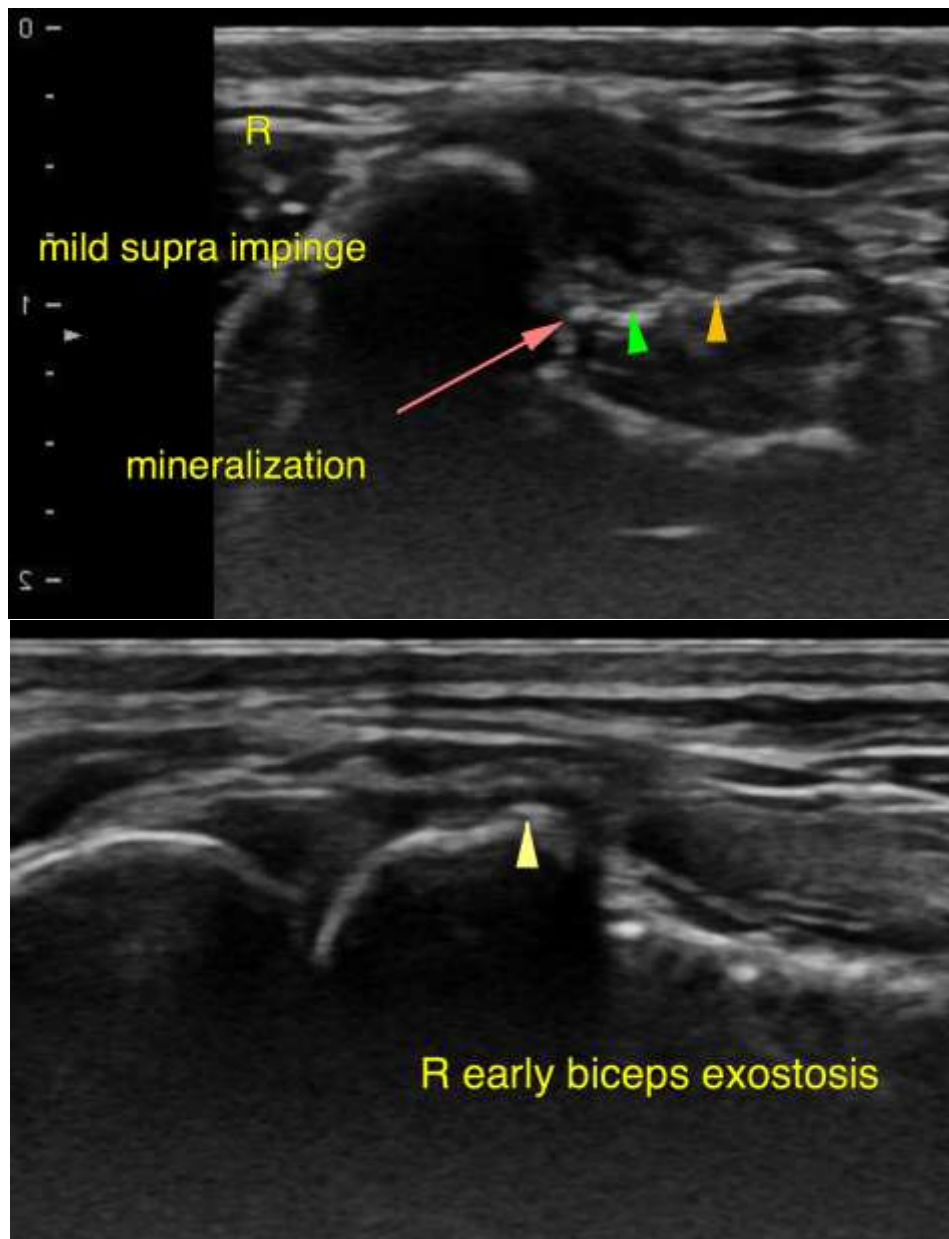
Bartling

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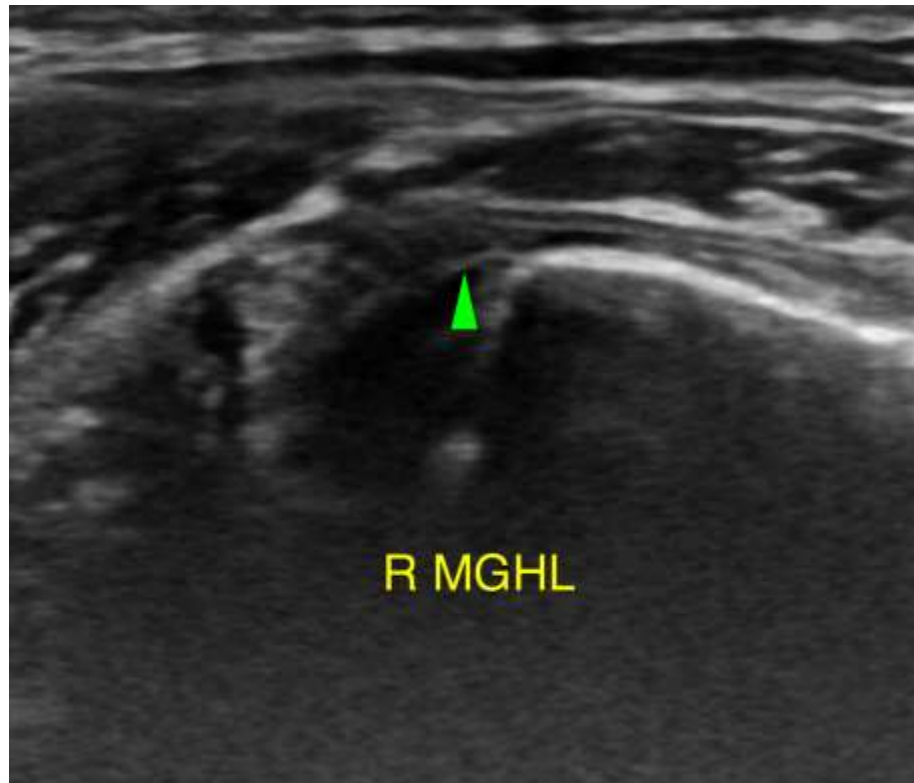
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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