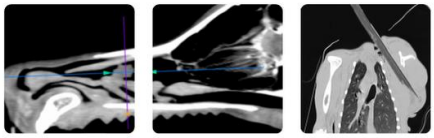


PATIENT

Jet LaBelle

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

12

WEIGHT

15kg

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

David Lane

HOSPITAL NAME

Points East West Veterinary Services

REFERRING VET

David Lane

INVOICE

72943

DATE

12-9-25

PRESENTING CLINICAL SIGNS

Intermittent LFL weight bearing lameness inconsistently flared by activity in a retired international level agility dog. On examination, pain is isolated to the triceps muscle near the insertion of the infraspinatus near the caudal margin of the glenohumeral joint on the left. Pain is also evident on palpation of the caudomedial aspect of the mid diaphysis radius (L>R) and mildly on the carpal flexor tendons of origin on the left. Shoulders were stable under sedated palpation. Radiographs revealed OA of the left elbow.

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

Mild osteophytes of the glenohumeral joint are present. No significant joint effusion or synovial swelling is seen.

The biceps tendon sheath presents mild anechoic effusion and mild synovial thickening. The tendon architecture and delineation are normal. There is no evidence of biceps impingement.

The supraspinatus tendon presents average maximum thickness of 6.5mm. The tendon echotexture presents within normal limits. No defects or mineralized foci are seen.

The architecture of the left infraspinatus tendon is within normal limits. Mild enlargement and mild effusion of the left infraspinatus bursa are seen.

The medial shoulder compartment presents within normal limits.

Left Triceps/Medial Elbow Region

The identified regions of the triceps muscle group are structurally normal with no discrete fiber disruption. No visible myotendinous tear or enthesiopathy is seen.

Mild osteophytes are seen in the medial aspect of the left elbow joint.

A bone spur is present in the medial left humeral epicondyle combined with mild swelling and decreased echogenicity of the flexor tendon origin.

The soft tissues overlying the radius and the medial bone surface of the radius present within normal limits. There is no evidence of cortical irregularity, periosteal reaction, or fiber disruption in the adjacent musculature.

Right Shoulder

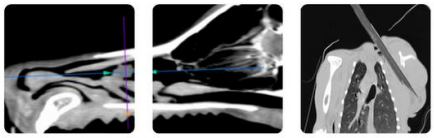
Mild osteophytes of the glenohumeral joint are present. No significant joint effusion or synovial swelling is seen.

The biceps tendon sheath presents mild anechoic effusion and mild synovial thickening. The tendon architecture and delineation are normal. There is no evidence of biceps impingement.

The supraspinatus tendon presents average maximum thickness of 6.5mm. The tendon echotexture presents within normal limits. No defects or mineralized foci are seen.

The infraspinatus tendon and bursa present within normal limits.

The medial shoulder compartment presents within normal limits.



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Right Triceps/Medial Elbow Region

The identified regions of the triceps muscle group are structurally normal with no discrete fiber disruption. No visible myotendinous tear or enthesiopathy is seen.

Mild osteophytes are seen in the medial aspect of the right elbow joint.

A bone spur is present in the medial right humeral epicondyle combined with mild swelling and decreased echogenicity of the flexor tendon origin, however, are less pronounced compared to the left side.

The soft tissues overlying the radius and the medial bone surface of the radius present within normal limits. There is no evidence of cortical irregularity, periosteal reaction, or fiber disruption in the adjacent musculature.

ULTRASONOGRAPHIC DIAGNOSIS

- Mild left infraspinatus bursitis
- Mild left glenohumeral osteophytosis
- Mild bilateral biceps tenosynovitis – likely incidental.
- Mild bilateral medial humeral epicondyle flexor enthesiopathy, L>R.
- Mild bilateral elbow osteoarthritis.
- No structural triceps disease.
- No ultrasonographic abnormality of the medial proximal radius.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Clinically relevant findings appear to be present in the left shoulder region such as the mild shoulder osteoarthritis with infraspinatus bursitis as well as in the left elbow region represented by elbow osteoarthritis and mild chronic flexor enthesiopathy.

Triceps and caudal medial radial pain noted on the examination are not associated with visible structural changes in these regions on ultrasound. This may represent myofascial pain, repetitive strain, or periosteal sensitivity below the resolution threshold of ultrasound.

The mild symmetric biceps sheath effusion is likely incidental.

Activity modifications, targeted physical therapy, and anti-inflammatory treatment can be considered. Extracorporeal shockwave or regenerative treatment can be considered for the flexor enthesiopathy. MRI of the shoulder and radius could be considered to assess for subtle tendinopathy or bone contusion not detectable on ultrasound. Correlation of the ultrasonographic findings with potentially available radiographs is recommended as well.

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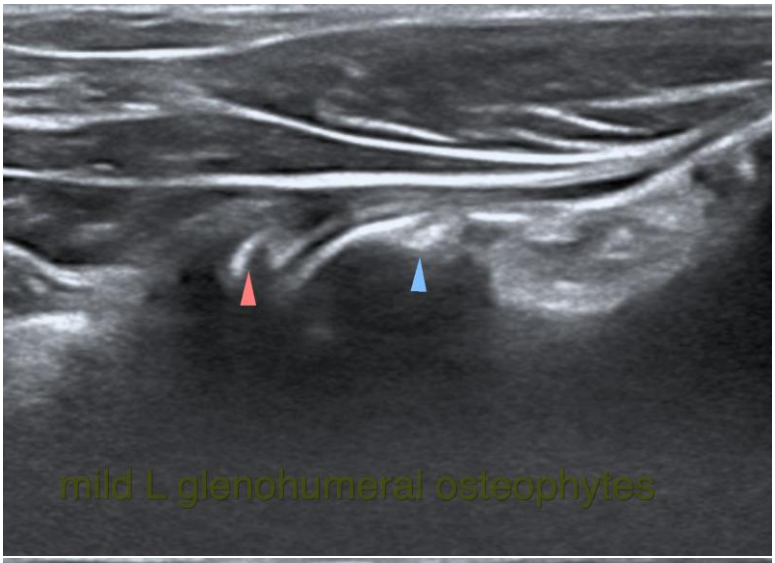

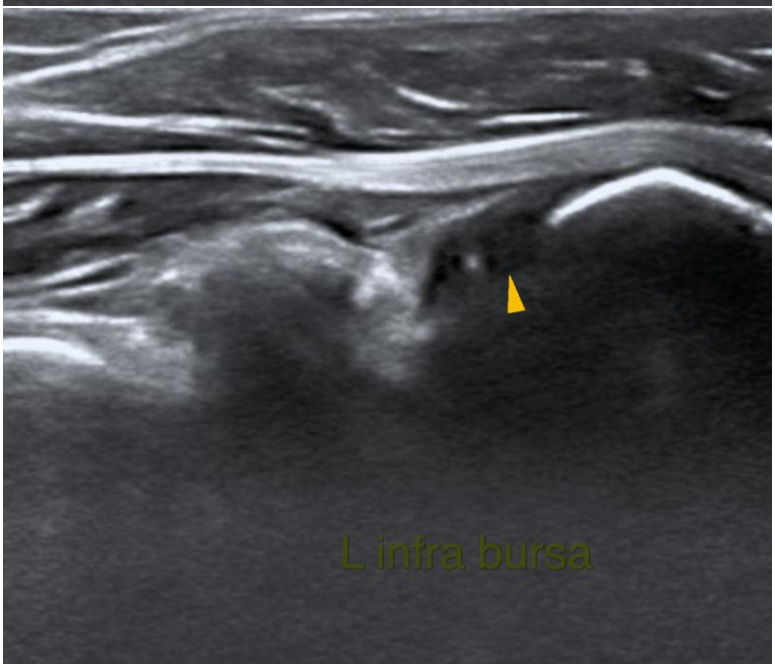

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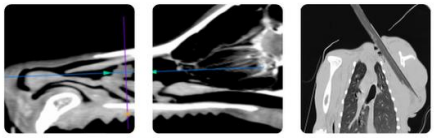

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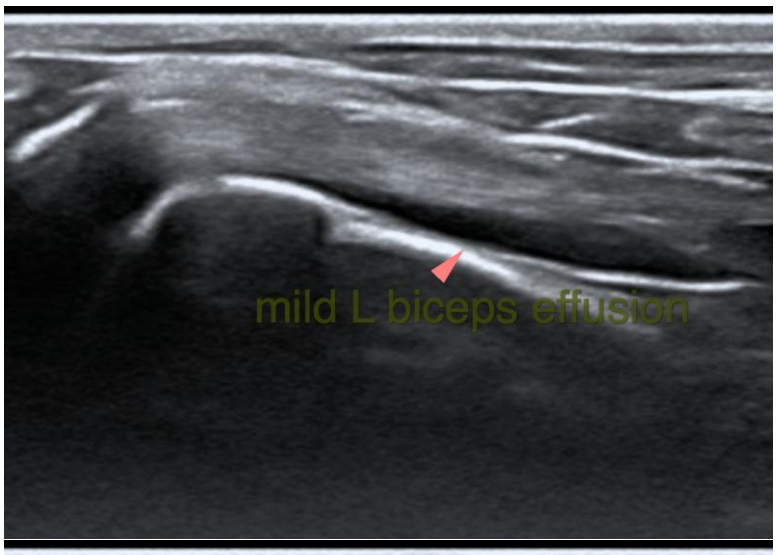

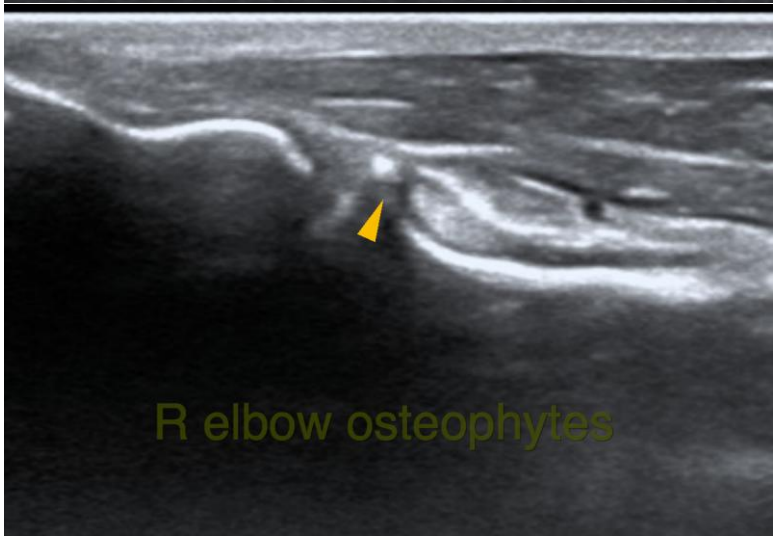

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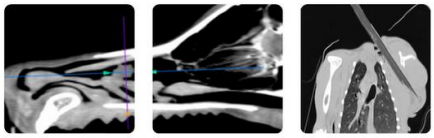

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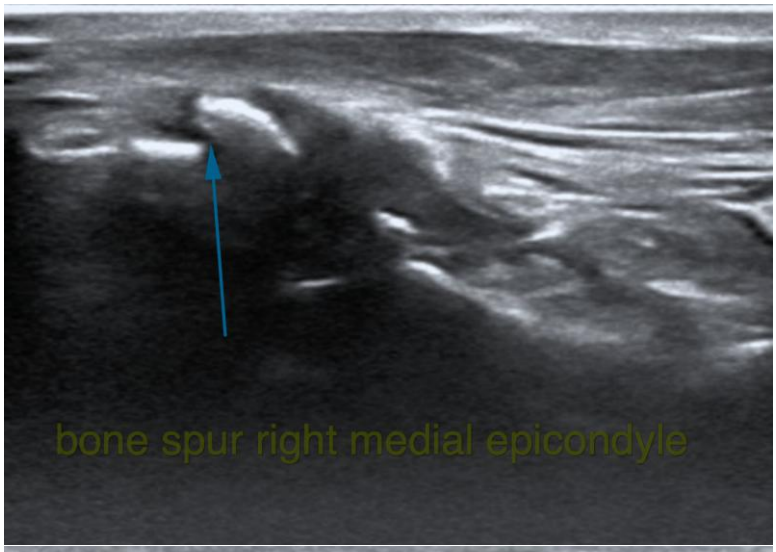

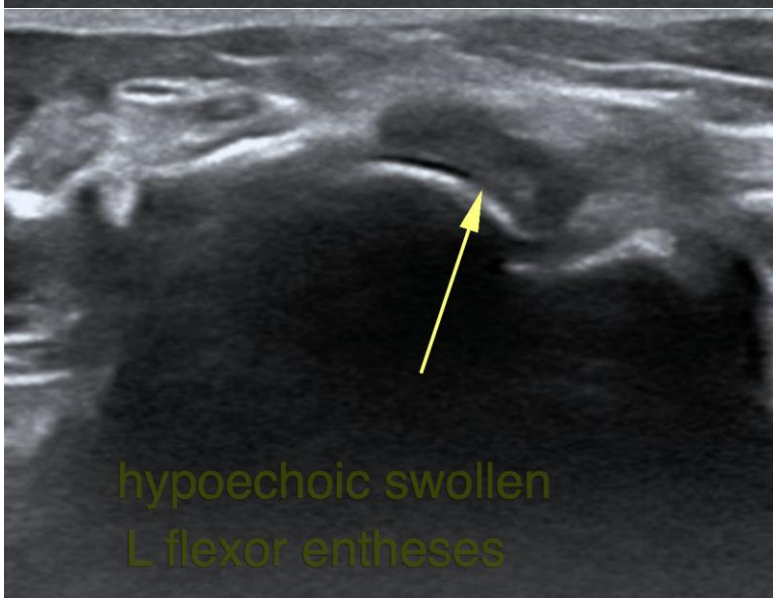

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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