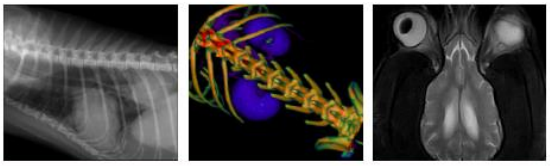

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stevie Heiliger

SPECIES

Canine

BREED

Gold Ret

SEX

MN

AGE

10 Months, 3 Weeks

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

56729

DATE

2-14-23

PRESENTING CLINICAL SIGNS

TDX: Suspect Media FCP (Fragmented Coronoid Process) History of limping on the right front leg after exercise
Abnormal PE/Chem/CBC/UA Results: Conclusion 1. The subtle blunting of the left medial coronoid process with increased opacity cranial to this region and the bilateral slight sclerosis of each semilunar notch could be suggestive of early onset of a fragmented coronoid process. Otherwise the right and left forelimb are unremarkable. Recommendations At this time, advanced cross-sectional imaging of the elbows including a CT scan is recommended. This study does not rule out the possibility of a soft tissue injury such as bicipital/supraspinatus tenosynovitis. An ultrasound of the soft tissues of the shoulder may be warranted as well.

ULTRASONOGRAPHIC STUDY OF BOTH SHOULDERS

Scan quality is excellent.

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. Average maximum thickness of the supraspinatus tendon is 7.5mm. 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.

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. The broad part of the supraspinatus tendon presents within normal limits for its shape, volume and echogenicity. Average maximum thickness of the supraspinatus tendon is 7.5mm 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.

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

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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.

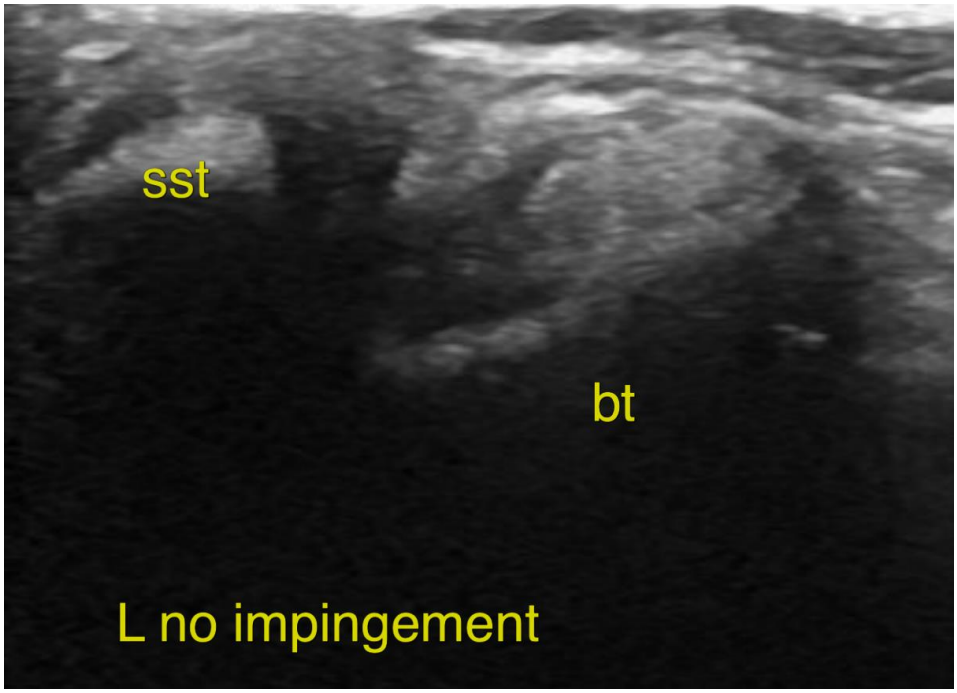
The visible margins of the shoulder joint are within normal limits.

ULTRASONOGRAPHIC DIAGNOSIS

- Normal ultrasonographic presentation of the biceps tendon and rotator cuff in both front limbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic presentation of the biceps tendons and their synovial lining as well as of the rotator cuffs is within normal limits in both front limbs. The negative ultrasonographic findings of the shoulders further support lameness originating from other anatomy in the front limbs such as the elbows as reported in the patient history.



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.

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