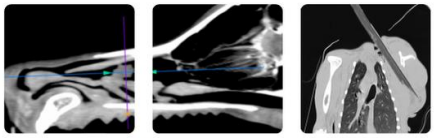

PATIENT

Hank Ramond

SPECIES

Canine

BREED

Mastiff Mix

SEX

Neutered Male

AGE

7Y

WEIGHT

35.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. David Lane

HOSPITAL NAME

Points East West Veterinary Services

REFERRING VET

Natalie Yoguel

INVOICE

73603

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- A >1 year history of left forelimb lameness refractory to previous therapies and patient does not tolerate NSAIDs (hx of gastric perforation suspected secondary to Metacam).
- On examination today, pain was elicited on left shoulder abduction (pulled limb away) and there is reduced flexion of the elbows bilaterally with a possible pain response of the left elbow (examined standing prior to sedation) so that when flexed the patient leaned away from that towards the right at end range. Sedated exam detected no instability of the shoulders bilateral.
- Radiographs October 2nd 2025 of the forelimbs were submitted to Pacific Animal Imaging for review: Sclerosis of the biceps groove is noted bilaterally, with a small degree of degenerative changes within the left shoulder joint. A small bone ossicle is present adjacent to the right proximal humerus, located within the area of the supraspinatus tendon. It is recommended to correlate this finding with discomfort over the region.
- A mild degree of sclerosis of the anconeal notch is seen bilaterally within the elbow joints; this is of uncertain clinical significance due to its bilateral nature. Differentials to consider include autoimmune arthritis or soft tissue injury.
- Given the multiple structures involved and the complexity of the findings, we have postponed therapeutic injections (PRP). We are seeking your interpretation of these images to identify the primary pathology and help formulate the most effective treatment plan.

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

Average maximum thickness of the left supraspinatus tendon is 10mm with moderate overall tendon remodeling and multiple partially shadowing echogenic foci consistent with tendinopathy with fibrosis or emerging mineralization. Mild to moderate impingement of the biceps is seen with moderate synovial thickening and moderate anechoic effusion within the tendon sheath.

Mild bicipital groove exostosis is noted. No structural tendon changes of the biceps are seen. The tendon is smoothly delineated.

Subscapularis tendon and medial glenohumeral ligament present within expected limits for a heavy set dog.

Right Shoulder

Average maximum thickness of the right supraspinatus tendon is 10mm. Moderate overall remodeling with a 4mm sized mineralized focus is present. Mild biceps impingement with mild synovial thickening and mild effusion of the tendon sheath are seen.

Mild bicipital groove exostosis is noted. There is no evidence of structural tendon changes.

Subscapularis tendon and medial glenohumeral ligament present within expected limits for a heavy set dog.

ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral supraspinatus tendinopathy with biceps impingement and chronic biceps

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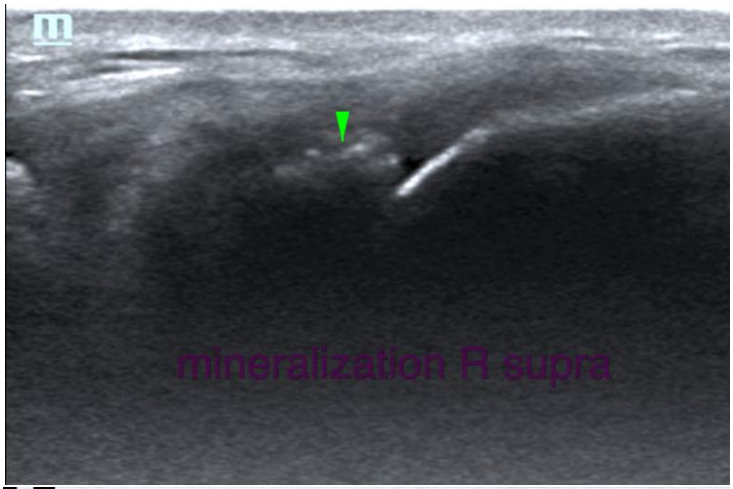
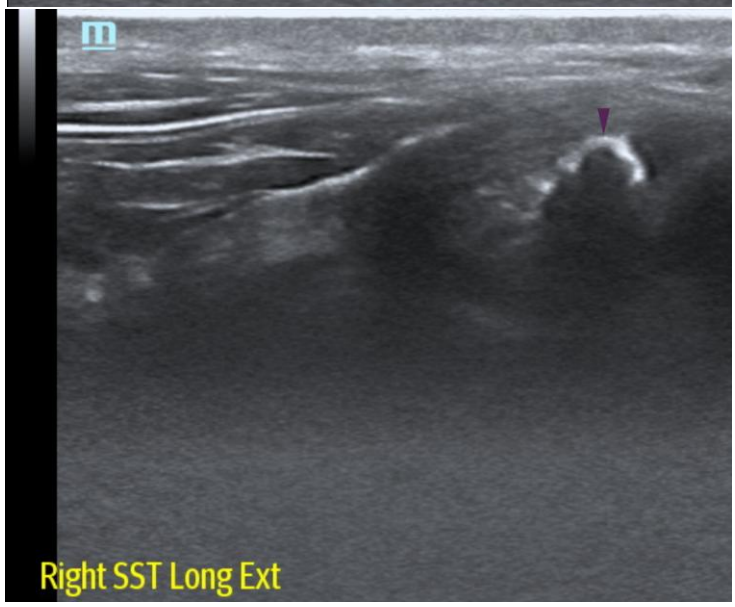
tenosynovitis more pronounced on the left.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The left shoulder supraspinatus tendinopathy with biceps impingement and moderate synovitis and effusion are likely contributing to the chronic lameness. The milder changes on the right side are of undetermined clinical significance. The chronic left forelimb lameness is most likely related to the supraspinatus tendinopathy with biceps impingement and chronic biceps tenosynovitis. Bilateral tendon changes and remodeling suggest chronic tendinopathy. Conservative management with physical therapy, controlled exercise, and alternative analgesics such Gabapentin, Tramadol, or other if indicated can be considered. Intraarticular and intratendinous treatment may be considered as well especially using regenerative agents. Clinical reassessment after initial conservative therapy with imaging follow up if lameness persists or worsens, especially post-PRP or physical therapy, can be considered.





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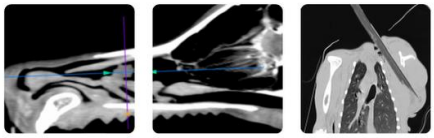

Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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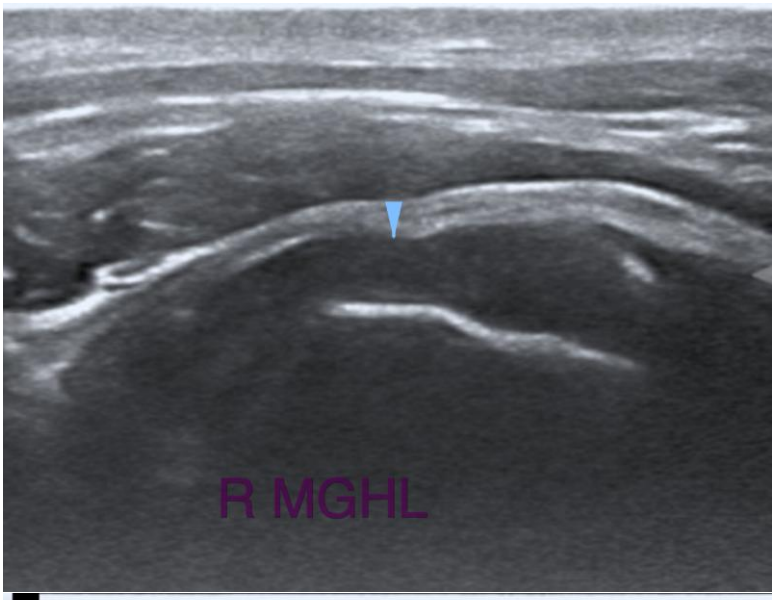

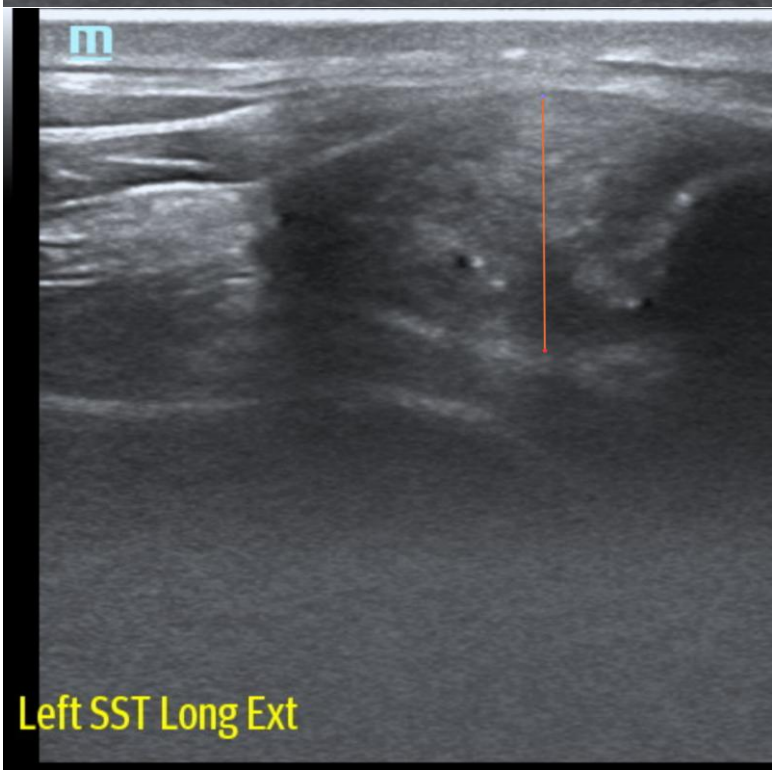

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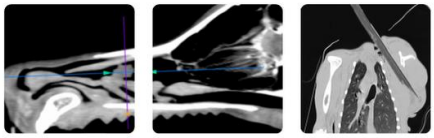

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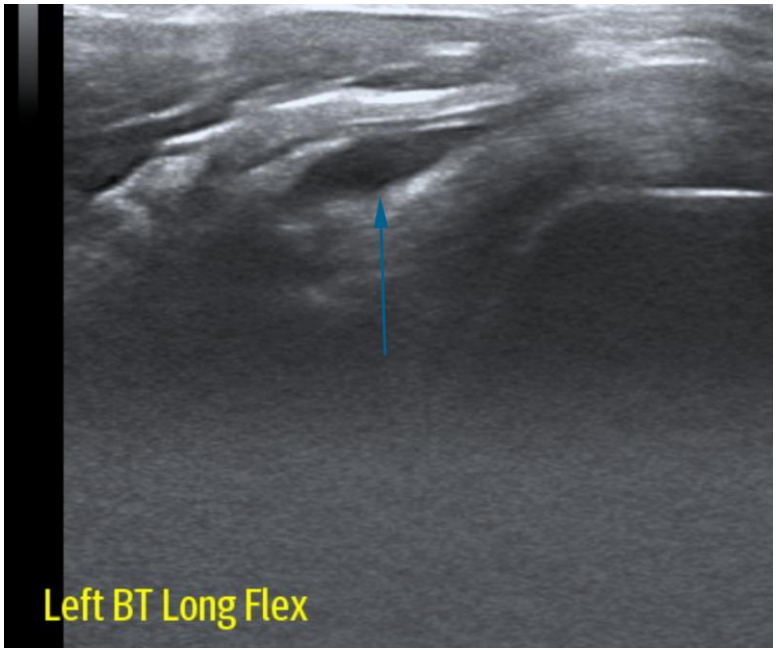

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
info@sonopath.com