



**DATE**      **PRESENTING CLINICAL SIGNS**

2-5-26

- Limping thoracic limb (L worse than R). historic Bilateral biceps tendonopathy and right supraspinatus tendinopathy(Diagnosed at VOSM in March 2022)
- Lameness has returned in the past 6 months with minimal improvements with laser therapy, Adequan injections and NSAID's.
- Current medication as follows: Carprofen 75mg PO q 12 hrs, Apoquel, Zyrtec.
- Sedation not required to complete full diagnostic ultrasound.

**PATIENT**

Rae Hershfield/Beilis

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results:      Labwork not submitted.

**BREED**

Labrador Retriever

**ULTRASONOGRAPHIC FINDINGS**

**Left Shoulder**

The average maximum thickness of the left supraspinatus tendon is 8.5mm. No significant remodeling or biceps impingement is seen.

**SEX**

Female Spayed

The biceps tendon tissue is smoothly delineated, uniform in echogenicity, and echotexture with no evidence of focal lesions. Mild to moderate tendon sheath effusion with mild to moderate synovial proliferation is noted. No significant new bone formation is present in the bicipital groove.

**AGE**

April 16, 2018

Mild periarticular osteophytes are seen in the caudal glenoid cavity.

**WEIGHT**

88lbs

Mild distension of the infrapinatus bursa is present.

**INTERPRETED BY**

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

**Right Shoulder**

The average maximum thickness of the right supraspinatus tendon is 8.5mm. No significant remodeling or biceps impingement is seen.

The biceps tendon tissue presents no echoarchitectural changes. Mild tendon sheath effusion with mild synovial swelling is noted.

**HOSPITAL NAME**

Timonium Animal  
Hospital

**ULTRASONOGRAPHIC DIAGNOSIS**

- Bilateral signs of chronic biceps tenosynovitis, L>R.
- Mild left infrapinatus bursitis.
- Mild signs of degenerative joint disease left shoulder.

**REFERRING VET**

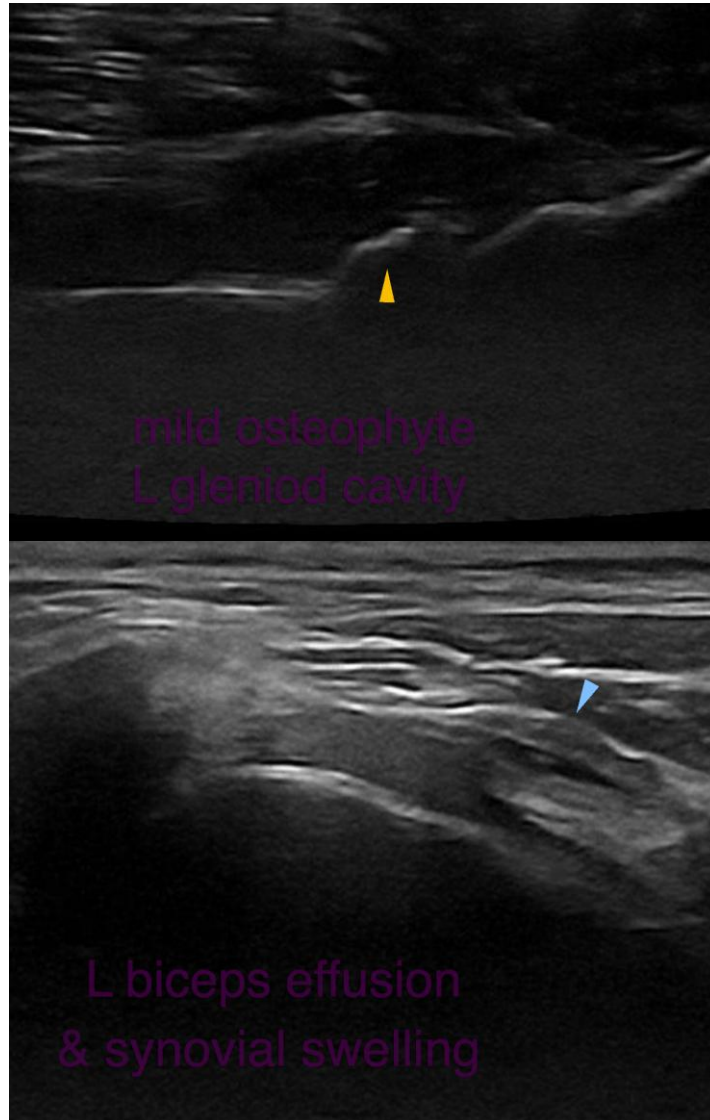
Alicia McMichael

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with chronic bilateral biceps tenosynovitis which is more pronounced on the left hand side as well as mild osteoarthritis of the left shoulder joint which may explain the persistent thoracic limb lameness. The effusion and synovial proliferation likely reflect ongoing chronic inflammation; acute on chronic disease is possible. The left shoulder is overall more affected which appears to correlate with the clinical signs. Correlate with the orthopedic examination and prior radiographs. Continue conservative management and monitor clinical response. Advanced imaging could be considered if lameness persists or worsens to assess for occult tendon, ligament, or joint pathology and to rule out lameness sources in other anatomic regions.

**INVOICE**

73647



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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