

**PATIENT**

Blaze Kelley

SPECIES

Canine

BREED

Keeshond

SEX

M

AGE

3 Years

INTERPRETED BYNele Eley, DVM
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Points East West
Veterinary Services**REFERRING VET**

David Lane

INVOICE

57186

DATE

3-10-23

PRESENTING CLINICAL SIGNS

Intermittent forelimb lameness since April 2021. Episodes are infrequent, originally affecting the left, but more recently affecting the right. On examination, the left shoulder demonstrated pain on hyperflexion and biceps stretch. The right shoulder joint showed no pain, but there were trigger points affecting the teres major and lat dorsi muscles. Both shoulders were stable under sedation.

ULTRASONOGRAPHIC FINDINGS**Right Shoulder**

7mm is the average maximum thickness of the supraspinatus tendon with moderate internal echoarchitectural remodeling and no evidence of echogenic foci. Early biceps impingement is seen. The biceps tendon presents mild to moderate swelling of its synovium with synovial proliferations and mild to moderate effusion.

Left Shoulder

7mm is the average maximum thickness of the supraspinatus tendon with moderate internal echoarchitectural remodeling and no evidence of echogenic foci. Early biceps impingement is seen. The biceps tendon presents mild to moderate swelling of its synovium with synovial proliferations and mild to moderate effusion.

ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral supraspinatus tendinopathy with early biceps impingement and biceps tenosynovitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings support the presence of bilateral biceps impingement syndrome with biceps tenosynovitis secondary to supraspinatus tendinopathy. The degree of tendon sheath inflammation is mild to moderate at this point.



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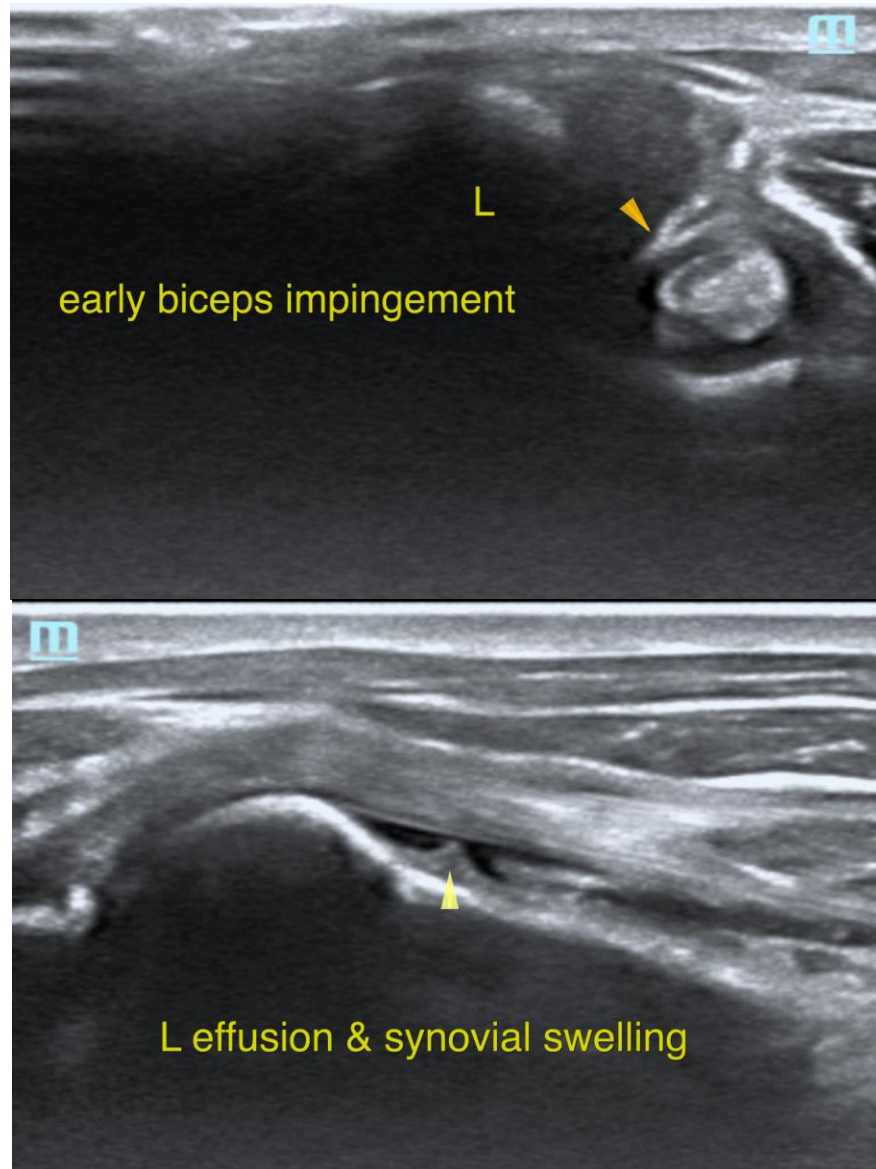
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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