



PATIENT PRESENTING CLINICAL SIGNS

Evie Crossin 3 month history of a progressive RFL lameness that is flared by exercise and worst when first getting up from a nap. Pain was evident on shoulder hyperflexion bilaterally, and on biceps stretch on the left. A prior radiograph of the right shoulder showed an osteophyte of the caudal humeral head. Both shoulders were stable under sedated examination.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Right Shoulder

BREED

Mixed

Moderate internal echoarchitectural remodeling with partially shadowing echogenic foci is seen within the right supraspinatus tendon. Average maximum thickness of the right supraspinatus tendon is 7.5mm. Mild biceps impingement is noted. The biceps tendon presents no echoarchitectural changes. However, moderate effusion is present within the bicipital tendon sheath. There is moderate swelling of the synovium of up to 1.5mm thickness and moderate exostotic new bone formations are seen within the bicipital groove.

SEX

FS

Left Shoulder

AGE

10 Years

Average maximum thickness of the left supraspinatus tendon is 7mm. Mild internal echoarchitectural remodeling with nonshadowing echogenic foci is seen. Early biceps impingement is noted. Mild biceps effusion, mild bicipital groove exostosis, and mild swelling of the bicipital synovium are seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

ULTRASONOGRAPHIC DIAGNOSIS

- Moderate right biceps tenosynovitis with supraspinatus tendinopathy and mild biceps impingement.
- Mild left biceps tenosynovitis with supraspinatus tendinopathy and early biceps impingement.

HOSPITAL NAME

Points East West
Veterinary Services

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals bilateral supraspinatus tendinopathy with biceps impingement and biceps tenosynovitis. The changes are mild in the left and moderate in the right shoulder. Conservative management appears to be indicated at this point and may comprise rest, systemic NSAID administration, physical therapy, as well as a course of prp injections and therapeutic laser or ultrasound shockwaves as available.

REFERRING VET

David Lane

INVOICE

57306

DATE

3-17-23



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Evie Crossin

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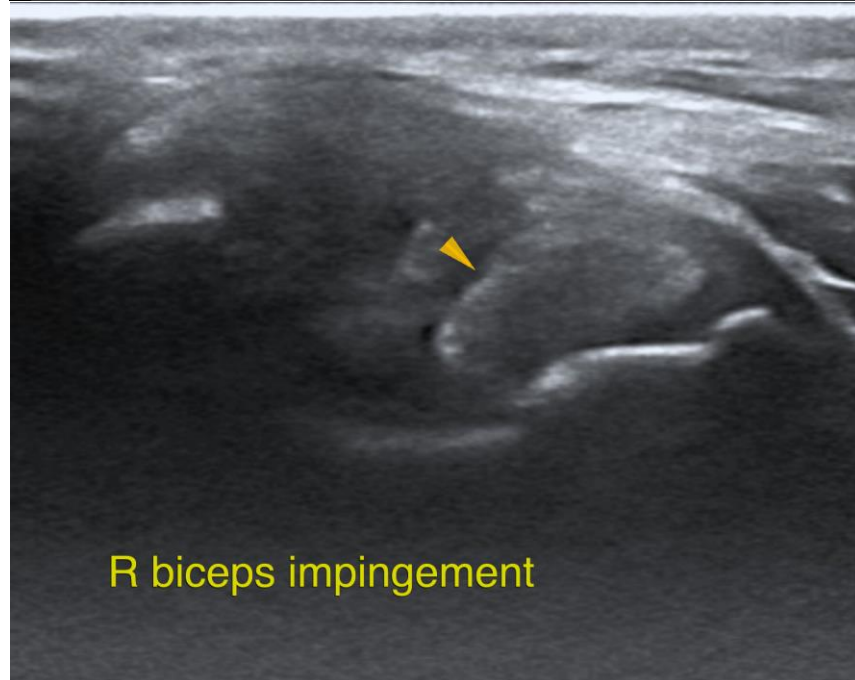
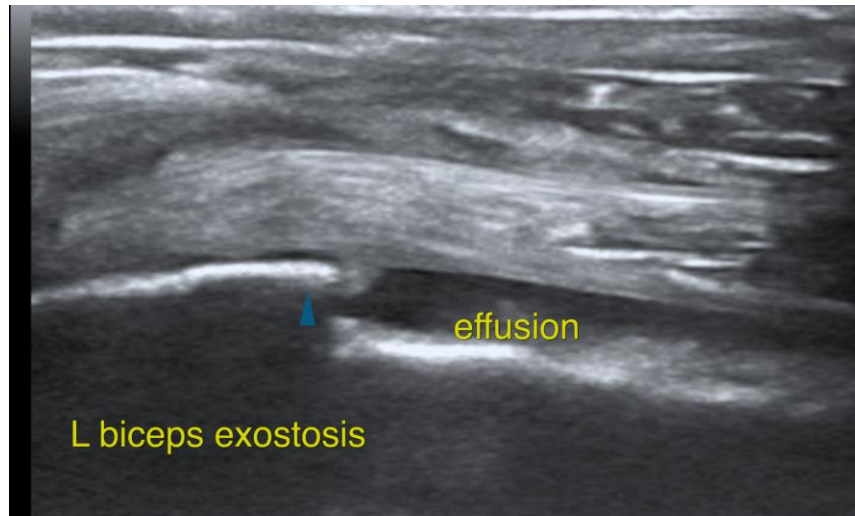
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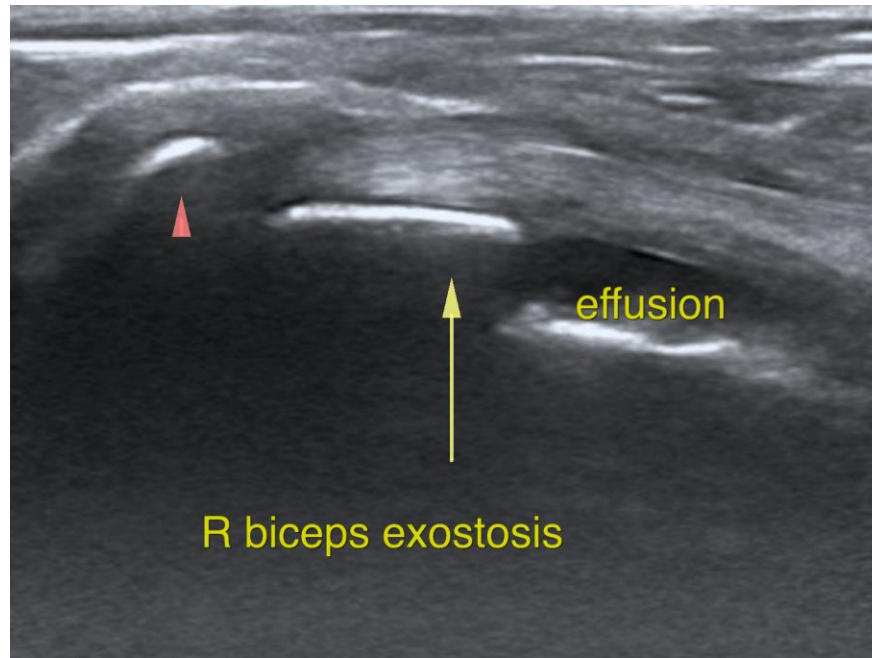
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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