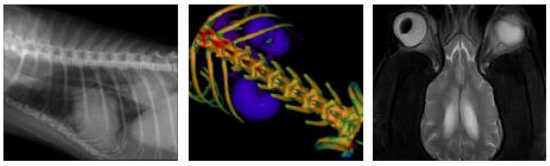

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mac Benbow

SPECIES

Canine

BREED

Poodle

SEX

F

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Points East West Veterinary Services

REFERRING VET

David Lane

INVOICE

57298

DATE

3-17-23

PRESENTING CLINICAL SIGNS

Agility dog that was diagnosed elsewhere with LFL MSS that responded to rehabilitation therapy 2 years ago. A few weeks ago, there was an acute onset of RFL lameness while playing in the snow. Mac will make painful vocalizations when standing on unstable ground, but not on stable ground. Under sedation, there was breakthrough pain on right shoulder abduction with a normal abduction angle, but increased Cr/Cd and Med/Lat laxity. Radiographs showed a very small osteophyte in the left bicipital groove as the only abnormality.

ULTRASONOGRAPHIC FINDINGS

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 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 presents no echoarchitectural changes, however, moderate generalized swelling of the bicipital synovium and a moderate to severe amount of anechoic effusion are noted within the right bicipital tendon sheath. The bicipital groove bone surface presents smooth with no evidence of new bone formation.

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

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 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. Minimal flat new bone formation is seen within the left bicipital groove.

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

SonoPath Teleradiology
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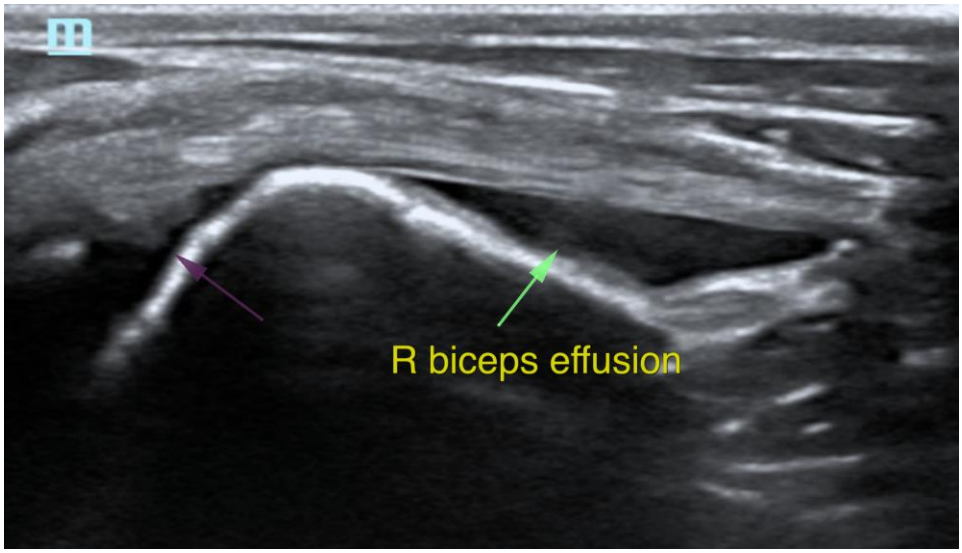
ULTRASONOGRAPHIC DIAGNOSIS

- Moderate right biceps tenosynovitis / effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals a relatively large amount of anechoic effusion within the right biceps tendon sheath which may be an expression of biceps tenosynovitis. However, the degree of effusion appears to be large and disproportionate to the degree of synovial swelling and no echoarchitectural changes of the tendon itself are seen. Hence, other arthropathy including medial or other shoulder instability should be considered.

The degree of new bone formation in the left bicipital groove is minimal and at this point there is no evidence of biceps tenosynovitis in the left shoulder.



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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