



## DATE PRESENTING CLINICAL SIGNS

3-24-26

- Patient History: Lameness- R shoulder seems to be worse, checking both.
- Current Medications: Welactin SID, Dasuquin SID, Rimadyl 50 mg BID for the last 3 days.
- Date of Previous IntraPet Ultrasound: No previous.
- Sedation: Torbugesic & Dex.
- Stat Report: Not requested.
- Imaging Performed by: Andi Parkinson RDMS

## PATIENT

Ryker Loy

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Labwork submitted and attached. Reported as Osteoarthritis in elbows, shoulder radiographs unremarkable.

## BREED

McNab

## ULTRASONOGRAPHIC FINDINGS

### Right Shoulder

## SEX

Average maximum thickness of the right supraspinatus tendon is 8.5mm. Mild internal heterogeneity consistent with early tendinopathy is seen. There is mild biceps impingement.

Male Neutered

Moderate effusion is seen within the biceps tendon sheath with synovial swelling and moderate bicipital groove exostosis. No evidence of structural tendon lesions is seen.

## AGE

12/24/17

### Left Shoulder

## WEIGHT

52.4lbs

Average maximum thickness of the left supraspinatus tendon is 8.5mm. Mild internal heterogeneity consistent with early tendinopathy is seen. There is mild biceps impingement.

Moderate effusion is seen within the biceps tendon sheath with synovial swelling and moderate bicipital groove exostosis. No evidence of structural tendon lesions is seen.

## INTERPRETED BY

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

## ULTRASONOGRAPHIC DIAGNOSIS

- Mild bilateral supraspinatus tendinopathy with internal remodeling and biceps impingement.
- Moderate chronic bilateral biceps tenosynovitis with synovitis, effusion, and bicipital groove exostosis.

## HOSPITAL NAME

Banfield Westminster

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

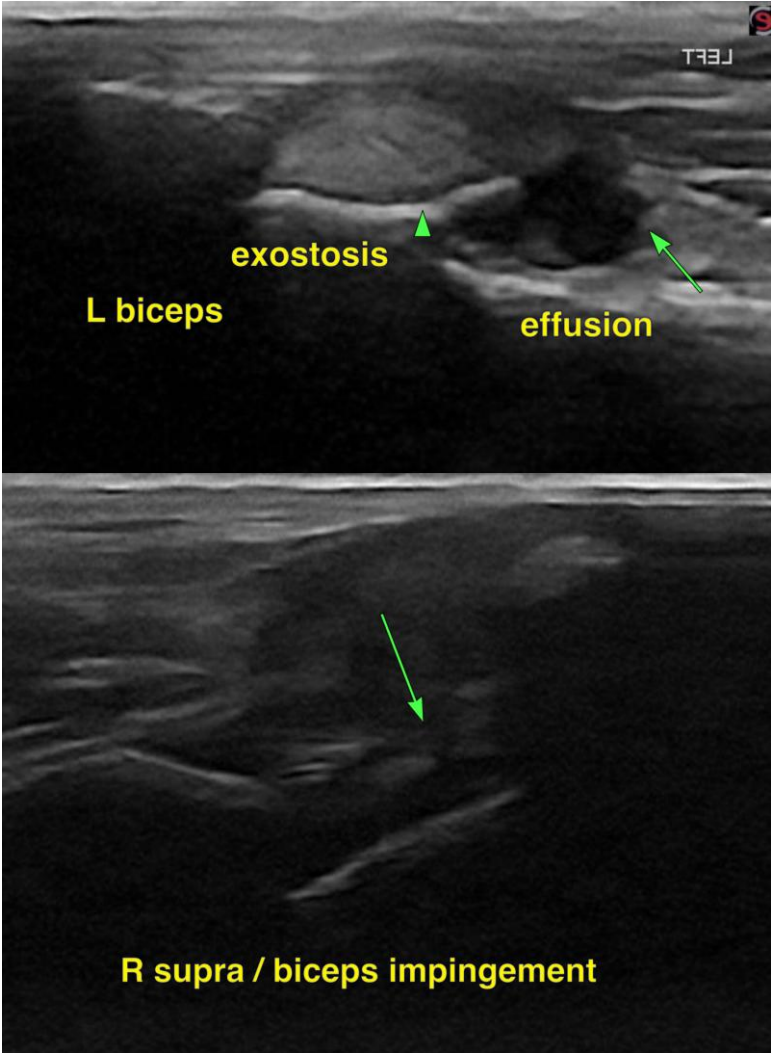
The findings are consistent with chronic tendon stress and chronic inflammation exacerbated by repetitive motion. Chronic bilateral biceps tenosynovitis is seen in conjunction with bilateral supraspinatus tendinopathy and biceps impingement. PRP injections into the bilateral supraspinatus tendons and biceps tendon sheath/shoulder joint can be considered. While shockwave therapy can provide symptomatic relief and promote soft tissue healing, regenerative approaches with PRP injection directly into the supraspinatus tendon and biceps tendon sheath are likely to address both inflammation and early tendon remodeling offering a more targeted biologic therapy. However, it has to be noted that intermittent worsening of clinical signs can occur under courses of PRP injections. The biologic treatment should always be supported by the use of systemic NSAIDs, joint supplements, control of the exercise, avoiding high impact activities, and physical therapy/rehabilitation.

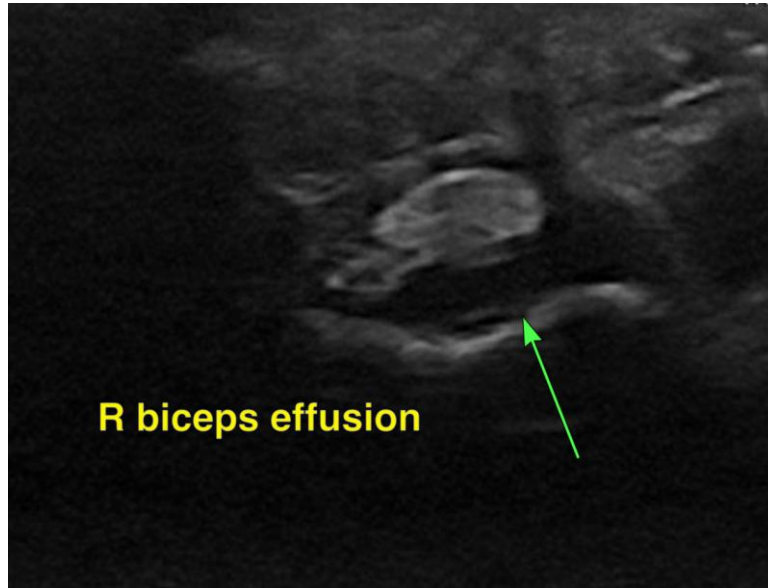
## REFERRING VET

Dr. Maynard

## INVOICE

74325





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  
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