



PATIENT

Wrigley Carpenter

SPECIES

Canine

BREED

Australian Shepherd
Mix

SEX

Neutered Male

AGE

5

WEIGHT

71

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sara Granberg

HOSPITAL NAME

Middlebury Animal
Clinic

REFERRING VET

Dr Sara Granberg

INVOICE

74328

DATE

3-24-26

PRESENTING CLINICAL SIGNS

- Chronic left front limp, intermittent since fall of last year, with persistence without resolution for the past couple of months
- Possible triggering activity includes vigorous ground-level frisbee chasing with twisting turns
- Chiropractic assessment reportedly indicated a shoulder malalignment.
- Lives in a country setting near family
- Highly active and engages in chasing games
- Owner notes pain when turning.

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

Average maximum thickness of the left supraspinatus tendon is 7.5mm. There is no evidence of significant internal remodeling or biceps impingement.

Mild anechoic fluid is present within the biceps tendon sheath. Mild synovial proliferation is seen. There is no significant exostosis within the bicipital groove at this time. The tendon tissue presents no structural changes.

Right Shoulder

Average maximum thickness of the right supraspinatus tendon is 7.5mm. There is no evidence of significant internal remodeling or biceps impingement.

Mild anechoic fluid is present within the biceps tendon sheath. Mild synovial proliferation is seen. There is no significant exostosis within the bicipital groove at this time. The tendon tissue presents no structural changes.

ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral mild biceps tenosynovitis with tendon sheath effusion and signs of synovitis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings are compatible with mild bilateral biceps tenosynovitis. The findings are bilaterally symmetric. Mild biceps tenosynovitis and sheath effusion can be consistent with overuse or repetitive stress particularly in highly active dogs. Medial shoulder instability can develop concurrently and if present may exacerbate discomfort limiting normal range of motion and predispose to further tendon irritation. Evidence of tendon tears is not seen at this time. Activity modification limiting high impact, twisting, or repetitive shoulder loading activities until clinical improvement can be considered. Medical management, physical rehabilitation, and optionally regenerative therapy can be attempted as well. Further definition by means of an MRI could be considered if medial shoulder instability is suspected.



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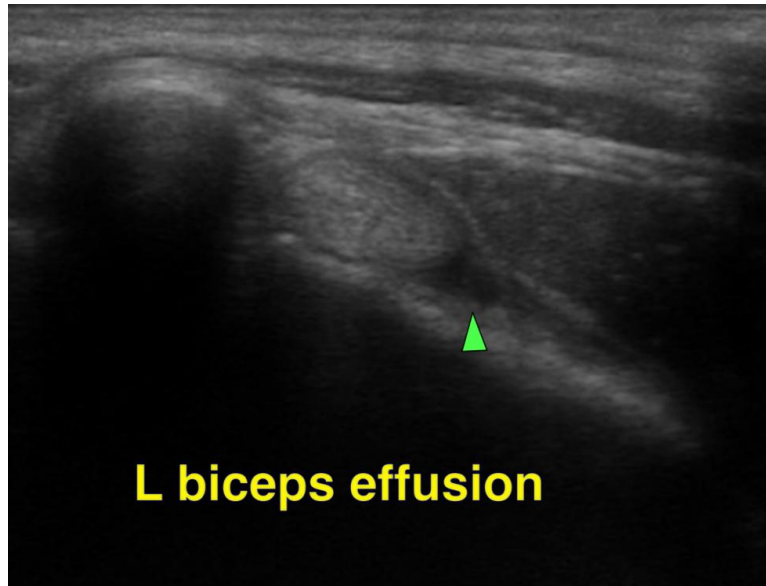
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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