



PATIENT

Lucy Williams

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

6Y

WEIGHT

32kg

INTERPRETED BY

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

IMAGING PERFORMED BY

David Lane

HOSPITAL NAME

Points East West
Veterinary Services

REFERRING VET

David Lane

INVOICE

74033

DATE

3-3-26

PRESENTING CLINICAL SIGNS

- Active mountain biking dog with a chronic recurrent LFL lameness following sprinting activity.
- Examination findings:
 - Left Forelimb: Pain was noted on palpation of the bicipital tendon, on performing the bicep stretch, and on abduction. There was guarding on end-range elbow flexion with a moderate reduced flexion. Carpal flexor tendons not painful
 - Right Forelimb: Pain was noted on glenohumeral extension. There was guarding on end-range elbow flexion with a moderate reduced flexion. Carpal flexor tendons not painful.
- In house radiograph interpretation found normal shoulders/cervical spine but bilateral ulnar sclerosis, indistinct MCP, and enthesophytes of medial condyle

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

Average maximum thickness of the left supraspinatus tendon is 8.5mm. Mild internal tendon tissue remodeling without evidence of mineralizations is seen. There is no evidence of biceps impingement.

The biceps tendon sheath presents mild anechoic effusion and mild smooth thickening of its synovium. Early osseous remodeling of the intertubercular groove is seen. There is no evidence of tendon lesions. The tendon is smoothly delineated with regular echotexture and echogenicity.

The subscapularis tendon and medial glenohumeral ligament present within normal ultrasonographic limits.

Right Shoulder

Average maximum thickness of the right supraspinatus tendon is 8.5mm. Mild internal tendon tissue remodeling without evidence of mineralizations is seen. There is no evidence of biceps impingement.

The biceps tendon sheath presents mild anechoic effusion and mild smooth thickening of its synovium. Early osseous remodeling of the intertubercular groove is seen. There is no evidence of tendon lesions. The tendon is smoothly delineated with regular echotexture and echogenicity.

The subscapularis tendon and medial glenohumeral ligament present within normal ultrasonographic limits.

ULTRASONOGRAPHIC DIAGNOSIS

- Mild bilaterally symmetric biceps tenosynovitis with mild synovial effusion, synovitis, and early remodeling of the intertubercular grooves.
- No significant tendon tears or impingement identified.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings are compatible with mild bilateral biceps tenosynovitis. The mild ultrasound changes are unlikely to fully explain the chronic forelimb lameness. Concurrent pathology in other joints or anatomic regions may contribute. The clinical signs may be multifactorial, and mild tenosynovitis may contribute but does not fully account for the severity. The radiographic changes in the elbows may indicate concurrent elbow pathology. Clinical correlation is recommended. Consider medical management and activity modification for the mild bilateral biceps tenosynovitis.



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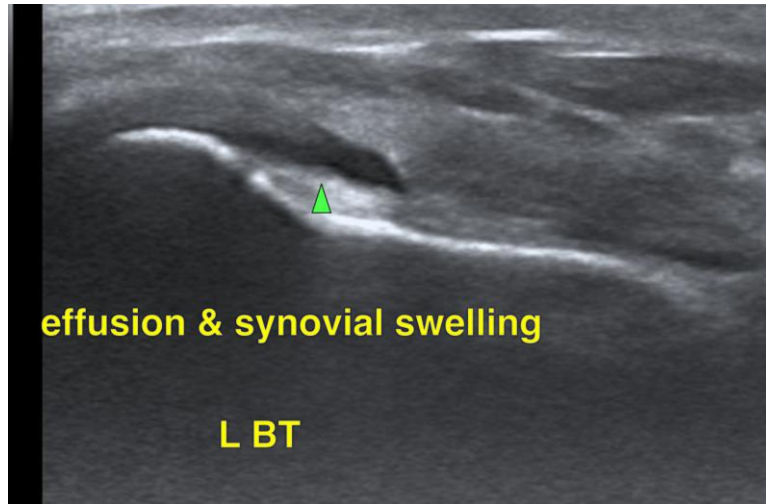
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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