



PATIENT

Dodger Borsa

SPECIES

Canine

BREED

Munsterland

SEX

M

AGE

3Y

WEIGHT

24kg

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

74650

DATE

4-16-26

PRESENTING CLINICAL SIGNS

Very active hunting dog with a RFL lameness that can be flared by high level of exercise but responds to exercise restriction. Examination showed pain on palpation of the right biceps and subscapular tendon, and on shoulder abduction. Both shoulders are stable under sedated assessment. In-house interpretation of orthogonal forelimb radiographs show sclerosis of the right bicipital groove.

ULTRASONOGRAPHIC FINDINGS

Right Shoulder

The supraspinatus tendon is mildly thickened with overall remodeling and maximum average thickness of 8mm. Echogenic nonshadowing foci are seen distally within the supraspinatus tendon. Biceps impingement is present. The zone of maximal impingement is located within the distal third of the supraspinatus tendon. Focal thickening of the supraspinatus peritendineum is present at the same level.

Mild synovial distension within the bicipital tendon sheath is seen with mild to moderate synovial swelling. Vacuum phenomenon is present in the tendon sheath fluid. No bony exostosis is identified.

Left Shoulder

Average maximum thickness of the left supraspinatus tendon is 8mm. Moderate internal remodeling is seen with nonshadowing echogenic foci. Mild biceps impingement is noted.

Mild synovial swelling and mild fluid accumulation are present within the biceps tendon sheath. Tendon tissue presents no structural alterations. No osseous proliferation is identified in the bicipital groove.

The medial shoulder compartment is unremarkable.

ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral supraspinatus tendinopathy with biceps impingement, R>L.
- Bilateral bicipital tenosynovitis, R>L.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals bilateral supraspinatus tendinopathy which is more advanced on the right side. Bilateral biceps impingement is noted which is also more pronounced on the right side and results in mild to moderate bilateral biceps tenosynovitis. Evidence of bony exostosis within the intertubercular grooves is not seen at this point. Conservative management can be elected initially. Consider advanced therapy in case of persistent clinical lameness including intraarticular and/or tendinous guided injection therapy with PRP and shockwave therapy, if available. MRI and arthroscopy can be considered if clinical signs persist or worsen and surgical treatment is planned.



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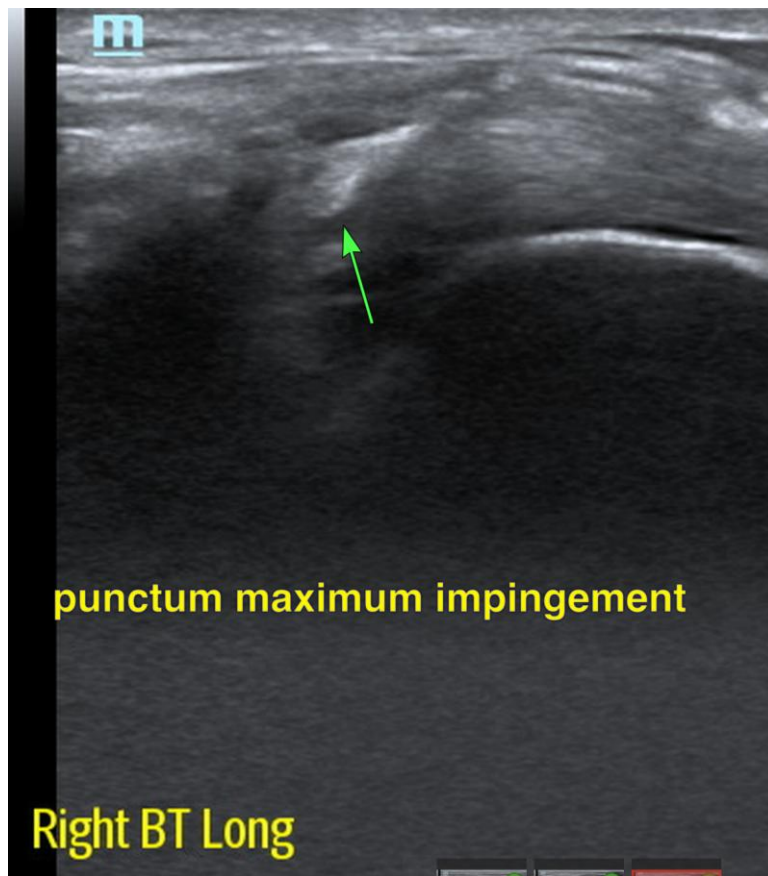
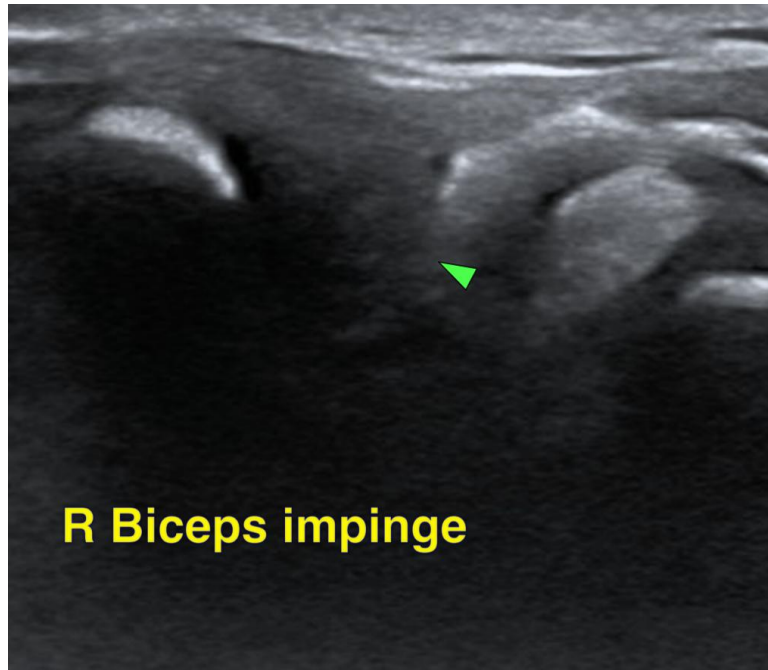
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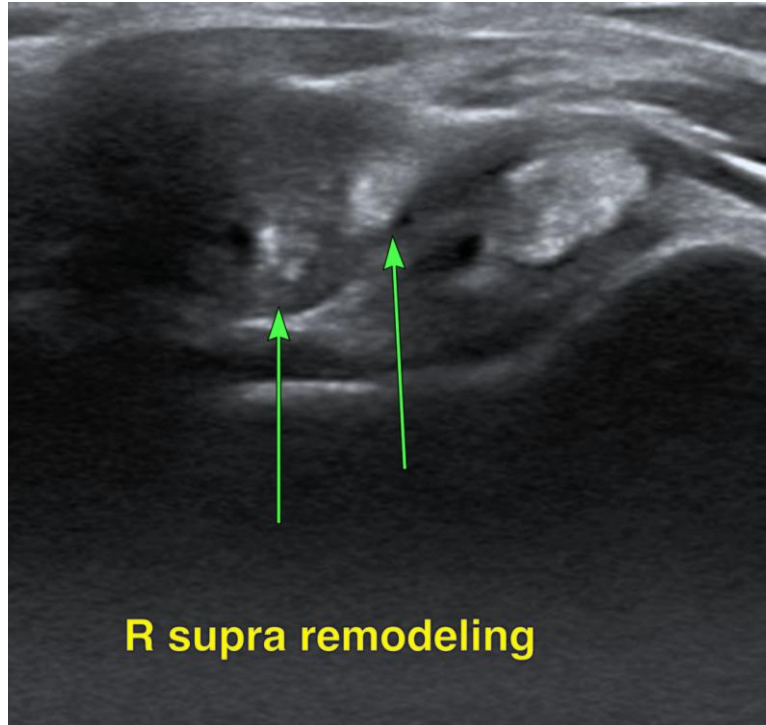
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R supra remodeling

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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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com