



PATIENT PRESENTING CLINICAL SIGNS

Echo Nesting
SPECIES Canine
BREED Labrador Retriever
SEX FS
AGE 7.5

Echo became acutely non-weight bearing lame, noted upon waking up in early February. She had been on a walk the day before but there was no known incident to cause injury. She was evaluate by rDVM who found pain upon manipulation of digits 2 and 5 of the right front foot. Radiographs were taken of the distal limbs and some carpal swelling noted at the lateral aspect. Uncertain if this was confirmed on physical exam. She was started on an NSAID and owner reports after 3 days of NWB, she started to put it down again. Echo is very excitable at the vet and her pain has been difficult to isolate. She has been evaluated by several vets; she is most calm with her acupuncturist, who felt that she was uncomfortable with shoulder extension. Sedated radiographs of the shoulders, neck and elbows were taken and reported as normal. Echo has been rested with limited walks for the past couple of months. Her lameness is improved but still present. O notes it at the end of activity, after rest, and in the evening. Because of her excitability, her lameness is not always evident when she is at her vet. Echo has had a teleconsult with Dr. Eide, who recommended a shoulder ultrasound. Stacey also reports an incident at the age of 8 months, where Echo jumped off of a height; she was lame in the right front for a short time after this, but it resolved and has not recurred until the current incident.

Abnormal PE/Chem/CBC/UA Results: Echo is very excitable - possible pain on right bicep stretch noted initially. No pain or abnormalities noted in elbow or carpus. Suspect mild right supraspinatus atrophy. Subtle Right thoracic limb lameness noted after exam. Under sedation, discomfort appreciated with medial shoulder assessment. No instability present.

ULTRASONOGRAPHIC FINDINGS

Right Shoulder

Mild internal echoarchitectural remodeling of the supraspinatus tendon is seen. No evidence of mineralizations or enthesophytosis is noted. The supraspinatus tendon measures 7.5mm in thickness which is the same as in the left shoulder. No evidence of biceps impingement is seen. The biceps tendon presents no echoarchitectural changes yet there is moderate effusion and mild generalized swelling of the bicipital synovium. Mild intertubercular groove bony exostosis is noted. The infraspinatus and teres minor present within normal limits.

Left Shoulder

Mild internal echoarchitectural remodeling of the supraspinatus tendon is seen. No evidence of mineralizations or enthesophytosis is noted. The supraspinatus tendon measures 7.5mm in thickness which is the same as in the right shoulder. No evidence of biceps impingement is seen. The biceps tendon presents no echoarchitectural changes yet there is mild effusion and mild generalized swelling of the bicipital synovium. Mild intertubercular groove bony exostosis is noted. The infraspinatus and teres minor present within normal limits.

ULTRASONOGRAPHIC DIAGNOSIS

- Mild to moderate right sided chronic biceps tenosynovitis.
- Mild chronic left sided biceps tenosynovitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings support presence of bilateral chronic biceps tenosynovitis. The changes are mild to moderate on the right and mild on the left side. No evidence of biceps

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

Stride Canine
 Rehabilitation &
 Fitness Center

REFERRING VET

Janice McConnell

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impingement is seen. There are no echoarchitectural changes of the biceps tendon and conservative management appears to be indicated based on the ultrasonographic findings at this point. Conservative management may comprise rest, targeted physical therapy, systemic NSAID treatment, as well as courses or prp injections into the shoulder joint. The combination with the use of therapeutic laser or ultrasound would be ideal.

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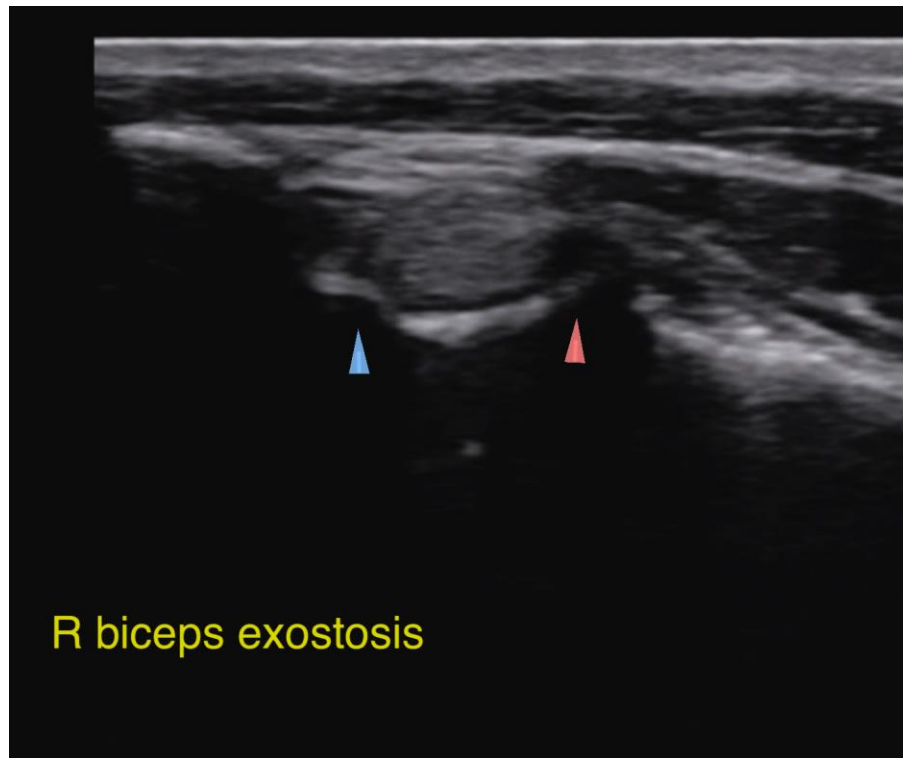
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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