



PATIENT

Emmy Hervieux

SPECIES

Canine

BREED

Brittany Spaniel

SEX

FS

AGE

8Y

WEIGHT

16kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalie Yoguel

HOSPITAL NAME

Points East West
Veterinary Services

REFERRING VET

David Lane

INVOICE

74840

DATE

4-29-26

PRESENTING CLINICAL SIGNS

Emmy is a competition active dog referred for a LF lameness that began after an agility class. No specific traumatic event was identified.

Initial treatment with rest and meloxicam provided improvement, but the lameness recurred and worsened upon resuming sprinting.

The lameness is reportedly worse when getting up from a nap and after exercise. It is induced by running/sprinting but not by leash walks. Abnormal examination findings were confined to the left shoulder and included guarding and resistance noted on initial biceps tendon stretch, which improved with repetition, hypertonia and pain on palpation of the latissimus dorsi and triceps muscles.

Intermittent pain on palpation of the bicipital tendon within the groove only on biceps stretch.

Shoulder was stable under sedated examination. Radiographs showed minor sclerosis of the bicipital groove on the left.

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

The left supraspinatus tendon presents average maximum thickness of 8mm. Moderate internal remodeling is noted with multifocal non- or partially shadowing echogenic foci. Prominent enthesiophyte formation is present at the bone surface of the greater tubercle.

Impingement of the biceps tendon is noted with moderate synovial sheath thickening and mild anechoic effusion within the biceps tendon sheath. No structural fiber disruption of the biceps tendon is noted. Mild exostosis is present within the bicipital groove.

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

Mild periarticular bone remodeling of the visible periarticular margins is noted.

Right Shoulder

The average maximum thickness of the supraspinatus tendon is 7mm. Mild internal remodeling is noted. Early surface irregularity is present at the greater tubercle.

No significant impingement is seen at this point. However, there appears to be mild anatomic predisposition to impingement in this patient in general. Mild synovial sheath thickening with mild anechoic effusion is seen in the bicipital tendon sheath with no structural tendon abnormalities and no bicipital groove exostosis.

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

Mild periarticular bone remodeling of the right shoulder joint is seen.

ULTRASONOGRAPHIC DIAGNOSIS

Left Shoulder:

- Moderate supraspinatus tendinopathy with enthesiopathy and associated biceps tendon impingement.
- Chronic biceps tenosynovitis.

Right Shoulder:



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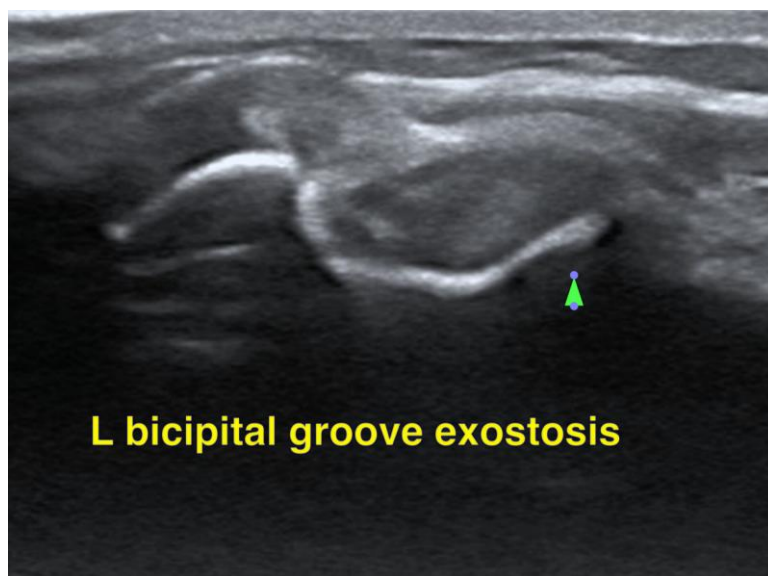
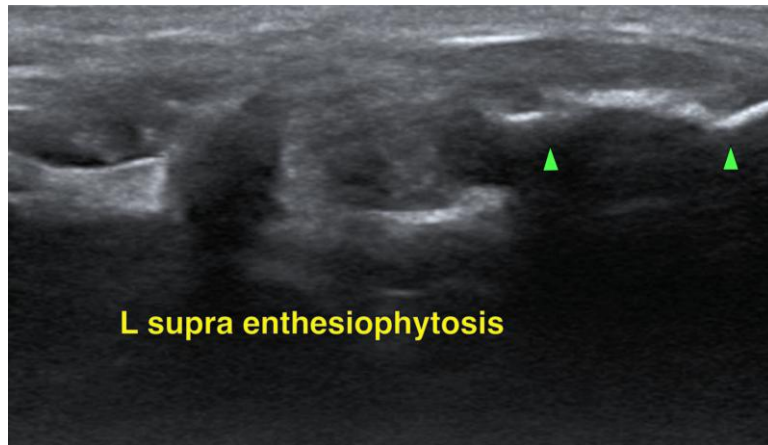
- Mild supraspinatus tendinopathy with mild bicipital sheath effusion.
- Early bilateral shoulder osteoarthritic changes.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are most pronounced in the left shoulder and correlate with the clinical presentation. The combination of chronic supraspinatus tendinopathy with enthesiophyte formation, secondary biceps impingement, and chronic biceps tenosynovitis is a common cause of performance related forelimb lameness in active dogs.

The right shoulder shows early, presumably subclinical, changes confirming bilateral involvement.

Activity modification, targeted physical therapy, physiotherapy, and rehabilitation are recommended. Consider extracorporeal shockwave therapy and regenerative therapies as available along with medical management as clinically indicated and gradual return to activity.





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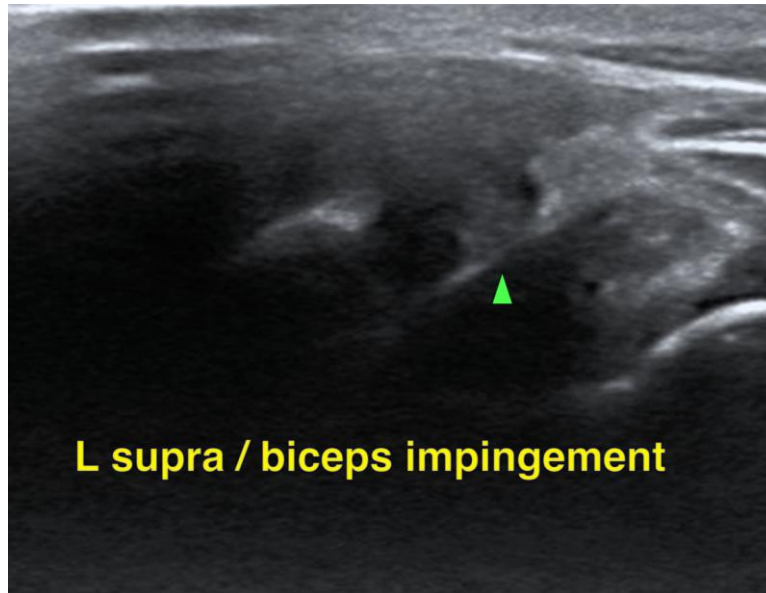
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L supra / biceps impingement

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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