



PATIENT

Indigo Morrissey

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Nigel Gumley

INVOICE

52097

DATE

5-12-22

PRESENTING CLINICAL SIGNS

Weakness jumping into car. Pain in LS spine. Very stiff in L shoulder after activity and rest. Abnormal PE/Chem/CBC/UA Results: Chronic OA in MCPJs and IPJs of the LF foot. Bilateral restriction in shoulder extension with pain/spasms in teres minor. LF medial shoulder discomfort and discomfort in biceps tendon. Discomfort in extending both hips, worse in RH. Bilateral iliospoas pain. Pain at L6/7/LS

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

Moderate anechoic effusion is seen within the bicipital tendon sheath. There is moderate irregular thickening of the bicipital synovium. A moderate bony exostosis is seen within the intertubercular groove.

The supraspinatus tendon measures 8.5mm in thickness and presents moderate internal echoarchitectural remodeling without significant biceps impingement. Transverse ligament thickening is noted though.

The infraspinatus and teres minor present within normal limits.

No structural abnormality of the medial joint compartment is seen.

The left shoulder joint presents mild diffusion and mild periarticular bone remodeling.

Right Shoulder

Moderate anechoic effusion is seen within the bicipital tendon sheath. There is moderate irregular thickening of the bicipital synovium. A moderate bony exostosis is seen within the intertubercular groove.

The supraspinatus tendon measures 8.5mm in thickness and presents moderate internal echoarchitectural remodeling without significant biceps impingement. Transverse ligament thickening is noted though.

The infraspinatus and teres minor present within normal limits.

No structural abnormality of the medial joint compartment is seen.

The right shoulder joint presents mild diffusion and mild periarticular bone remodeling.

Left Iliopsoas

Mild thickening of the left psoas major tendon is seen from the attachment to the lesser trochanter of the femur up to the level of the musculotendinous junction. The tendon margins and tendon echoarchitecture are ill-defined.

The left coxofemoral joint presents mild periarticular bone remodeling and mild effusion.

Right Iliopsoas



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Mild thickening of the right psoas major tendon is seen from the attachment to the lesser trochanter of the femur up to the level of the musculotendinous junction. The tendon margins and tendon echoarchitecture are ill-defined.

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The right coxofemoral joint presents mild periarticular bone remodeling and mild effusion.

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ULTRASONOGRAPHIC DIAGNOSIS

- Moderate bilateral chronic biceps tenosynovitis.
- Mild bilateral supraspinatus tendinopathy without significant biceps impingement.
- Mild to moderate bilateral psoas major musculotendinopathy.
- Mild degenerative joint disease of both shoulders and both coxofemoral joints.

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The ultrasonographic study of the shoulders reveals moderate bilateral chronic biceps tenosynovitis. The biceps tendons present no internal echoarchitectural changes at this point; however, moderate inflammation and effusion of the synovial sheath are seen.

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The supraspinatus tendinopathy appears to be subordinate at this point since no significant biceps impingement can be identified.

Note the presence of concurrent degenerative joint disease in both shoulders.

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The iliopsoas tendinopathy is bilateral as well. It may be a consequence of the coxofemoral joint disease. Correlate with the radiographic findings and clinical palpation. Primary iliopsoas musculotendinopathy is thought less likely. Chronic repetitive microtrauma is thought to be the most likely underlying cause of the pertinent ultrasonographic changes.

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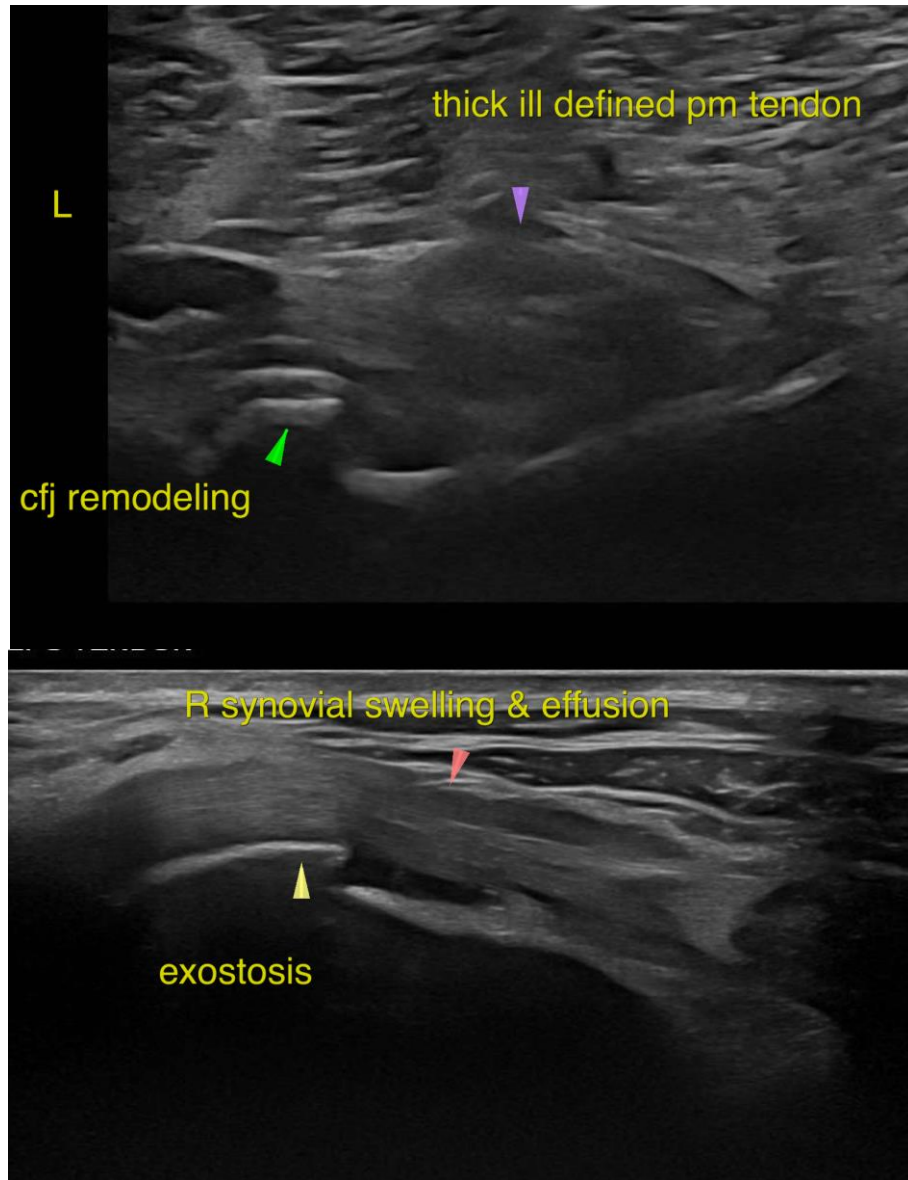
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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