



## PATIENT PRESENTING CLINICAL SIGNS

- Talenti Russell History: • Right tibial tubercle Salter-Harris I avulsion fracture repaired September 2024 with implant removal November 2024 (4 months of age)
- Traumatic left radius/ulna fracture surgically repaired December 2025 with plated radius and non-union ulna
- SPECIES** Canine
- Bilateral shoulder pain with decreased tolerance to shoulder extension (right worse than left)
- Right stifle/knee region discomfort with history of tibial growth plate fracture and patellar tendon alignment palpated more lateral on right vs left
- Bilateral iliopsoas pain on palpation - right worse
- BREED** Whippet
- Thoracic spine pain present for 2 weeks at time of initial consult (5/5/26)
- Fast CAT, dock diving, disc, whippet racing practice, flyball, and swimming; recent activity limited to off-leash only in the fenced backyard due to injuries, with return to light running by herself in the yard
- Suspect biceps tenosynovitis from compensation
- X-rays also performed and sent to radiologist
- SEX**

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## ULTRASONOGRAPHIC STUDY OF THE BILATERAL SHOULDERS AND RIGHT STIFLE

### ULTRASONOGRAPHIC FINDINGS

**AGE**

#### RIGHT SHOULDER

2

The supraspinatus, deltoideus and infraspinatus muscles present within normal limits for shape, volume, echoarchitecture and echogenicity. The transition to the supraspinatus tendon is even and thin. The broad part of the supraspinatus tendon presents within normal limits for its shape, volume and echogenicity. There is no evidence of impingement. The attachment to the bone surface of the greater humeral tubercle is even and smooth. The infraspinatus muscle condenses and narrows down to a long tendon of even width, smooth outline and regular echogenic fibular echoarchitecture and up to the attachment to the bone surface of the humerus. There is no evidence of enlargement of the infraspinatus bursa. The average maximum thickness of the supraspinatus tendon is 5.5 mm bilaterally.

### INTERPRETED BY

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

### HOSPITAL NAME

Michiana Animal  
Rehab Services

The biceps tendon can be seen from its origin through the bicipital groove, up to the musculotendinous transition and is within normal limits for shape, echogenicity and echoarchitecture. There is no evidence of synovial thickening and no evidence of abnormal effusion. The bone surface of the bicipital groove is even and smooth. There is no evidence of biceps impingement.

### REFERRING VET

Dr Sara Granberg

The visible margins of the shoulder joint are within normal limits.

#### LEFT SHOULDER

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Canine

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The visible margins of the shoulder joint are within normal limits.

## BREED

Whippet

### RIGHT STIFLE

No abnormal effusion is seen within the supra- and infra patellar area. There is no evidence of synovial or capsular thickening or proliferation. The cranial cruciate ligament appears to be continuous and well-delineated, no deviation from normal echoarchitecture is noted. Lateral and medial menisci are within their anticipated positions and align well below the bone surfaces, meniscal surfaces are even and smooth. The echotexture is hypo echoic and uniform. The joint margins are smooth; no osteophytes are seen. The infra patellar fat pad present, the expected echo architecture. Mild focal cortical bone surface irregularities present at the distal insertion of the patella tendon. No echoarchitectural changes of the tendon tissue itself are seen. Minimal early periarticular new bone formation is present along the proximal medial tibia.

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### ULTRASONOGRAPHIC DIAGNOSIS

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DipECVDI

- Unremarkable bilateral shoulder ultrasound examination with no evidence of biceps tenosynovitis, biceps impingement or rotator cuff injury.
- Mild chronic osseous remodeling at the distal patella tendon insertion and proximal medial right tibia, likely chronic / post-surgical or post-traumatic.
- No ultrasonographic evidence of cranial cruciate ligament disease, meniscal injury or active patella tendinopathy.

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### INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Despite the patient's clinical history of bilateral shoulder discomfort and decreased tolerance to shoulder extension, no ultrasonographic evidence of supraspinatus tendinopathy, biceps impingement or biceps tenosynovitis is seen. Medial shoulder instability cannot be ruled out entirely. However, secondary signs such as synovitis, effusion or osteoarthritis are not presently seen.

## REFERRING VET

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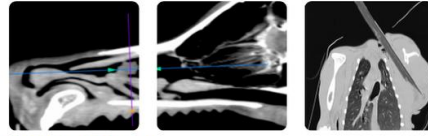
The mild chronic remodeling at the distal patella tendon insertion and proximal medial right tibia is considered most compatible with mild chronic adaptive or post-surgical change after prior tibial tuberosity evulsion injury and repair. No evidence of active patella tendinopathy, stifle synovitis, meniscal injury or cranial cruciate ligament disease is noted.

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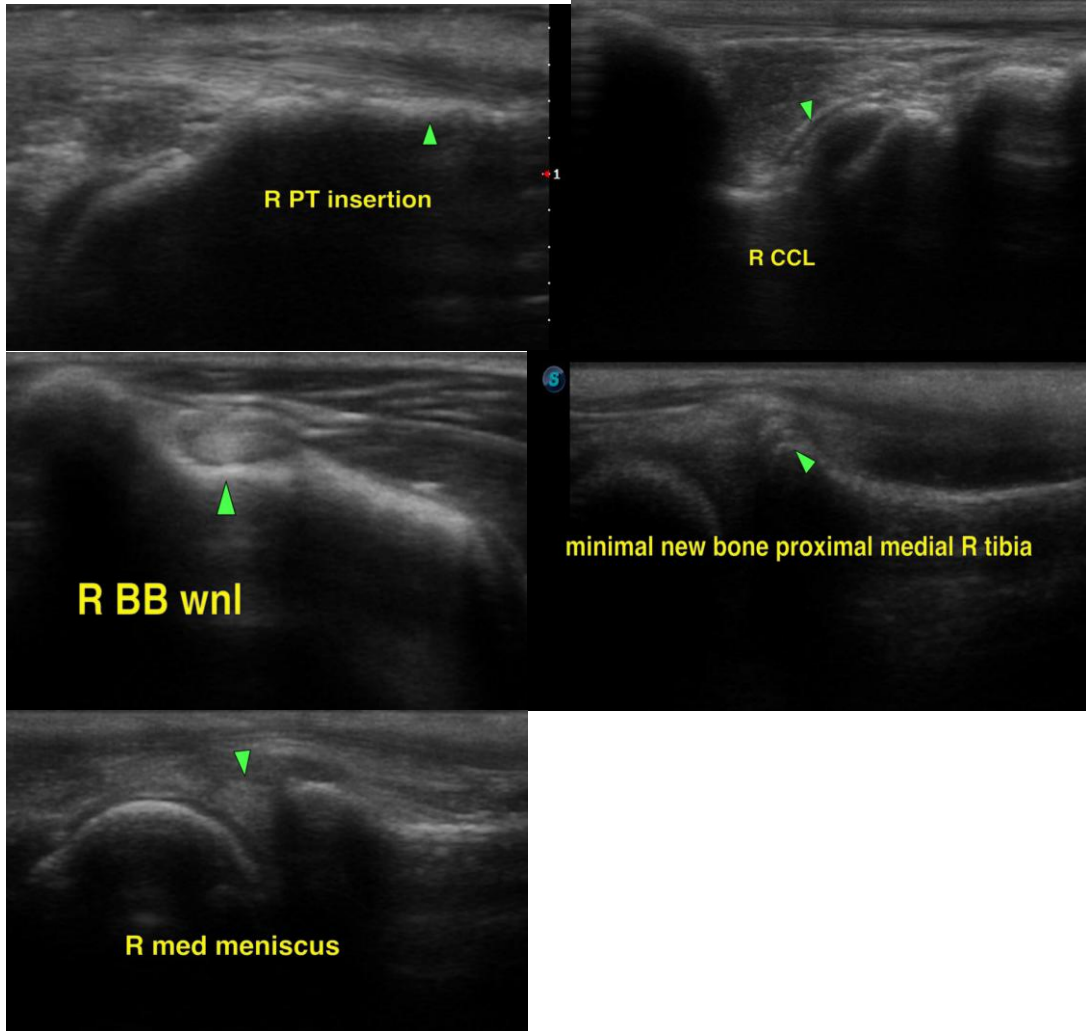
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
[info@sonopath.com](mailto:info@sonopath.com)



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