



PATIENT

Tullamore Scopa

SPECIES

Canine

BREED

Irish Setter

SEX

Spayed Female

AGE

4Y

WEIGHT

53.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Konegger

INVOICE

75011

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Right shoulder joint

Patient fractured digit IV on right front foot about 6 months ago. Had toe amputated. Patient did not recover as well as expected and has had a persistent lameness in the right front leg. Recently has started to develop edema in the distal right front leg after inactivity

BAR; grade I/V lameness in right front leg; some sensitivity noted on palpation of the proximal scapula
BodyScore 9 4 - Ideal - 4

Pulse 144

Resp 24

Muc Memb Pink/Healthy

CRT <2 sec

Alert BAR

NSAIDs, Gabapentin, rehab - Does respond to use of NSAID but the pain and swelling returns after activity

ULTRASONOGRAPHIC FINDINGS

Right Shoulder

The supraspinatus tendon is normal in echogenicity and architecture. Average maximum thickness of the supraspinatus tendon is 4.5mm which is within expected limits. There is no evidence of mineralization, fiber disruption, or evidence of biceps impingement identified.

Mild to moderate anechoic fluid is seen within the bicipital tendon sheath with synovial swelling and mild osseous exostosis is present within the bicipital groove. The biceps tendon itself maintains normal shape, echogenicity, and fiber pattern without evidence of tendinopathy, tearing, or mineralization.

No significant abnormality of infraspinatus tendon or surrounding musculature is identified.

No marked glenohumeral joint effusion or evidence of periarticular muscle trauma is seen.

ULTRASONOGRAPHIC DIAGNOSIS

- Mild to moderate chronic biceps tenosynovitis of the right shoulder without associated biceps tendinopathy.
- Normal supraspinatus tendon with no evidence of biceps impingement.
- No ultrasonographic evidence of significant acute muscular injury or marked shoulder osteoarthropathy.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The identified chronic biceps tenosynovitis may be clinically significant and could contribute to the persistent right forelimb lameness and shoulder discomfort particularly in the setting of compensatory overload following prior digit amputation. However, the ultrasound findings are relatively mild and do not adequately explain the reported distal forelimb edema/swelling. Continued conservative management may be considered including activity modification, rehabilitation therapy, and anti-inflammatory treatment. Further investigation for non-shoulder causes of the distal limb edema should be considered.



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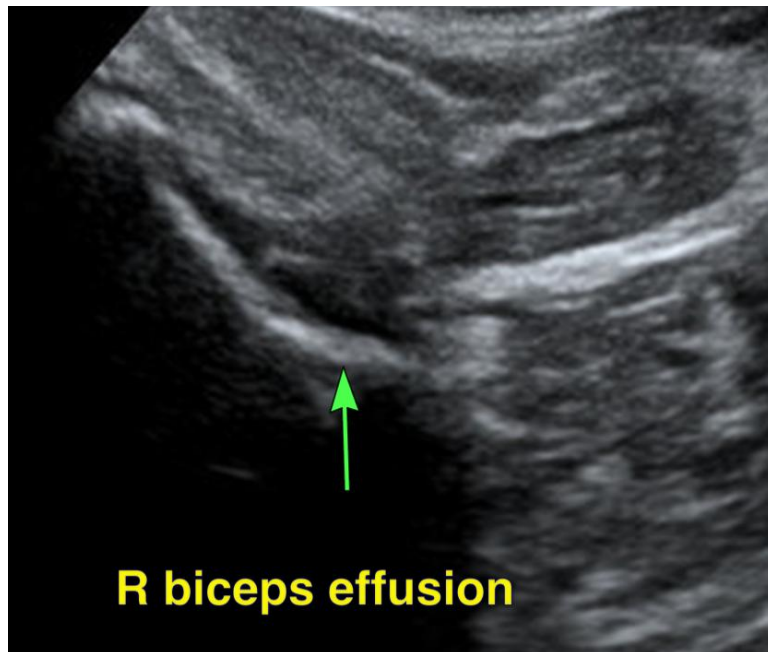
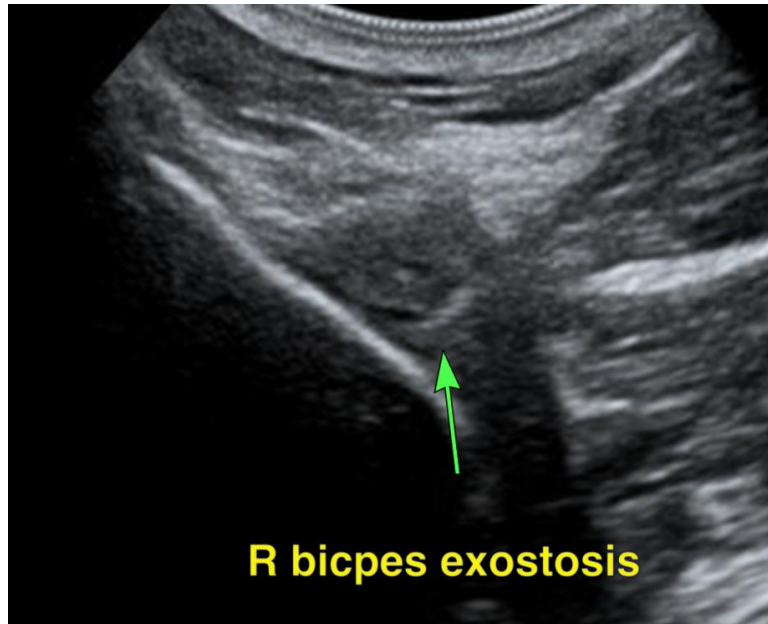
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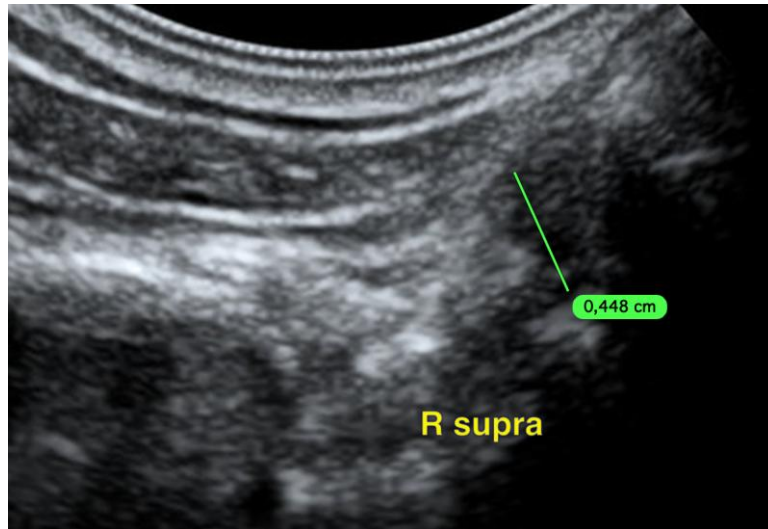
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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