

PATIENT PRESENTING CLINICAL SIGNS

Solo Spencer Acute onset left thoracic limb lameness in March. Variable lameness and muscle atrophy. Orthopedic exam in April raised concerns for consistent elbow pain. CT in early May ruled out fragmented medial coronoid but revealed concerns for triceps injury.

SPECIES

Canine

ULTRASONOGRAPHIC STUDY OF THE BILATERAL TRICEPS INSERTION

ULTRASONOGRAPHIC FINDINGS

BREED

LEFT

German Short Hair Pointer

The left triceps insertion presents marked thickening and heterogeneous, hypoechogenicity of the triceps tendon insertion with loss of the normal fibrillar echotexture involving ~ 80% of tendon fibers.

SEX

Associated multifocal echogenic foci are present within the tendon insertion. The adjacent olecranon surface is irregular with cortical defects and periosteal remodeling.

M

Mild to moderate distension of the bursa olecranon is present.

AGE

RIGHT

8/2025

The right triceps tendon insertion presents no significant ultrasonographic abnormality. Tendon echogenicity and architecture are preserved without evidence of mineralization or insertional irregularity.

INTERPRETED BY

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

ULTRASONOGRAPHIC DIAGNOSIS

- Severe subacute to chronic left triceps insertional tendinopathy with extensive partial avulsion rupture with reactive olecranon osseous remodeling
- Associated olecranon bursitis

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with chronic insertional triceps tendon injury in the left thoracic limb involving ~ 80% of the tendon fibers and partial avulsion from the olecranon insertion site. No ultrasonographic abnormality is identified in the right triceps tendon insertion at this time. However, given reports of spontaneous non-traumatic triceps tendon injury and the recognized potential for bilateral involvement, occult or early contralateral disease cannot be entirely excluded.

REFERRING VET

Dr. Tara Edwards

Strict activity restriction, and surgical consultation are recommended to discuss management options, particularly due to the extensive partial tearing and now chronic insertional changes.

INVOICE

24950

DATE

05/26/2026



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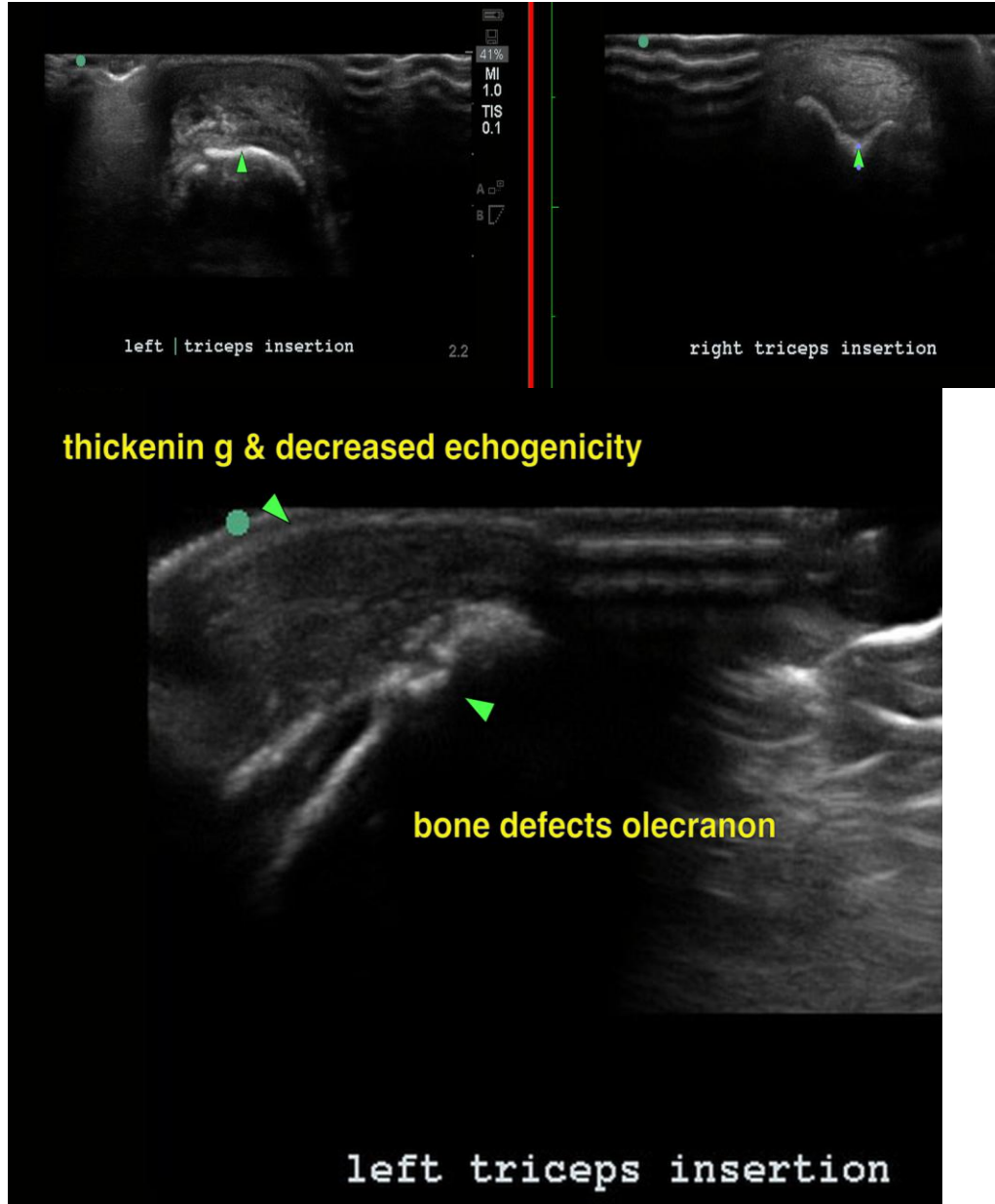
Dr. Tara Edwards

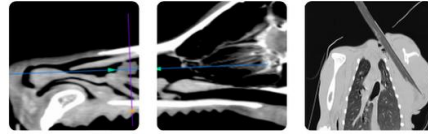
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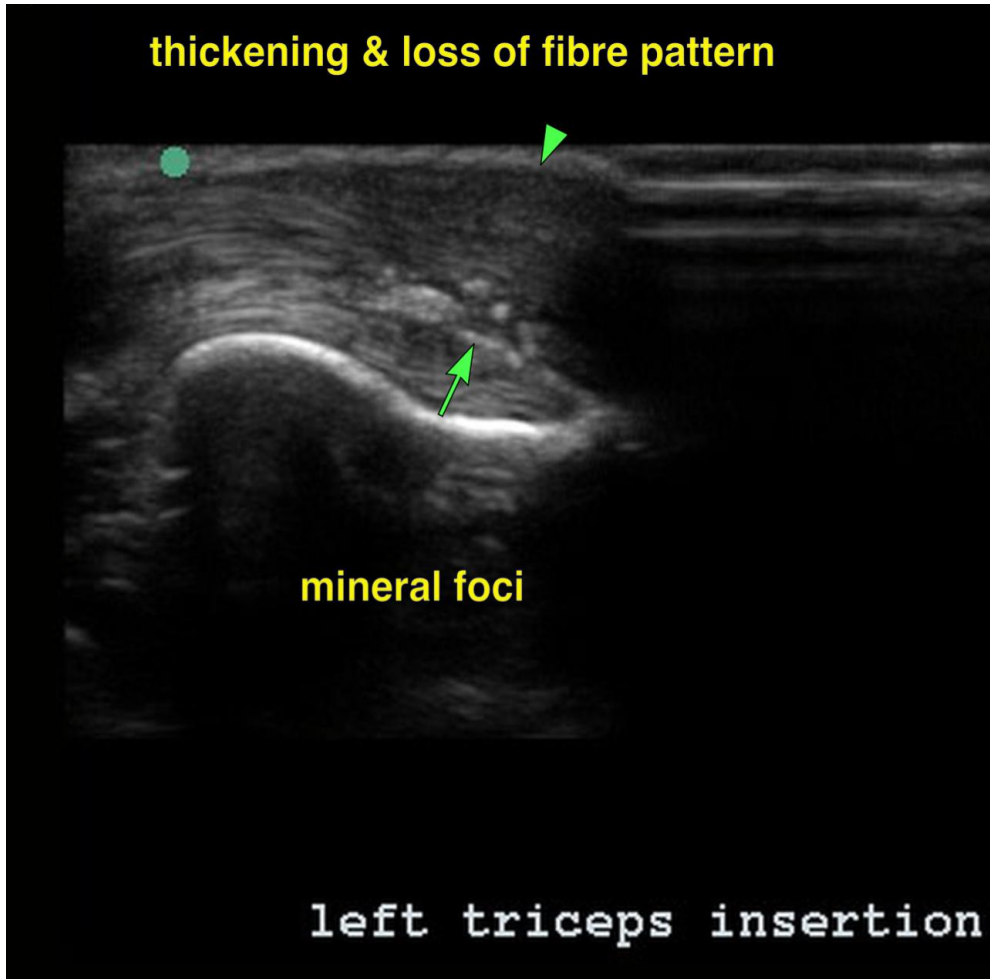
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

REFERRING VET

Dr. Tara Edwards

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