



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Samson Fryzuk History of right forelimb lameness since March 2026. Not responsive to NSAIDs or prednisone. RDVM was worried about possible immune-mediated arthritis. X-rays have been unremarkable. Right and Left shoulder ultrasound submitted for evaluation.

SPECIES Abnormal PE/Chem/CBC/UA Results: Positive for Lyme and Anaplasmosis. CBC and biochem unremarkable.

Canine

ULTRASONOGRAPHIC STUDY OF THE BILATERAL SHOULDERS

BREED ULTRASONOGRAPHIC FINDINGS

German Shepherd **RIGHT**

SEX Average maximum thickness of the right supraspinatus tendon is 6 mm. The tendon is uniform in echogenicity and architecture. No evidence of mineralization or enthesophytes is seen.

MN The biceps tendon is normal in position, echogenicity, delineation, and fiber pattern. There is no evidence of bicep impingement identified.

AGE Mild glenohumeral joint effusion is present with mild fluid distension of the bicipital tendon sheath likely transferred from the joint space. No evidence of right bicipital groove exostosis is seen.

4yr **LEFT**

INTERPRETED BY Average maximum thickness of the left supraspinatus tendon is 6 mm. The tendon is uniform in echogenicity and architecture. No evidence of mineralization or enthesophytes is seen.

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

The biceps tendon is normal in position, echogenicity, delineation, and fiber pattern. There is no evidence of bicep impingement identified.

Mild glenohumeral joint effusion is present with mild fluid distension of the bicipital tendon sheath likely transferred from the joint space. No evidence of left bicipital groove exostosis is seen.

HOSPITAL NAME

Mountain Vista
Veterinary Hospital

ULTRASONOGRAPHIC DIAGNOSIS

- Mild bilateral shoulder joint effusion with mild associated bicipital tendon sheath fluid distension.
- No ultrasonographic evidence of clinically significant supraspinatus tendinopathy, bicipital tendinopathy, or biceps impingement.

REFERRING VET

Dr. Jacquie Pankatz

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

INVOICE The current ultrasonographic findings do not support a primary rotator cuff or biceps tendon etiology for the lameness. The mild joint and tendon sheath effusion may reflect low-grade synovitis, reactive effusion, or nonspecific joint inflammation. Given the absence of substantial tendon or rotator cuff abnormality, the shoulder findings alone are unlikely to fully explain the chronic unilateral forelimb lameness. The clinical concern for possible inflammatory or immune-mediated disease remains one differential consideration despite the relatively mild imaging findings. Subtle intraarticular pathology and medial compartment injury may also remain below the detection

24966

DATE

05/27/2026



PATIENT threshold of ultrasound.

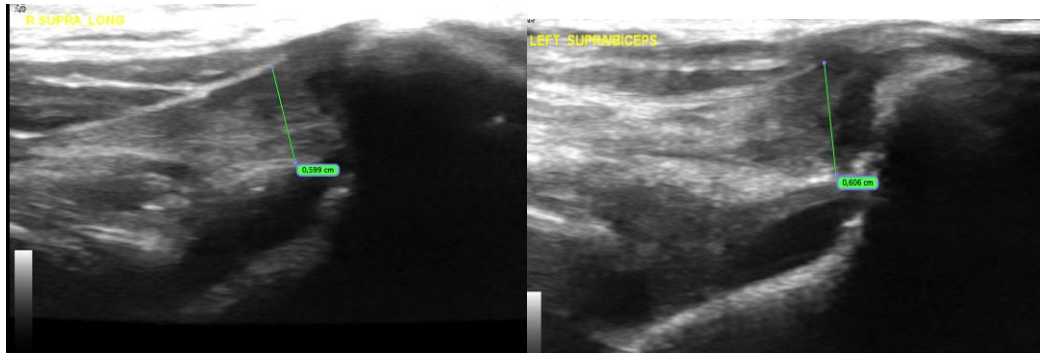
Samson Fryzuk

SPECIES

Canine

BREED

German Shepherd



SEX

MN

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.

AGE

4yr

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.

INTERPRETED BY

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DVM Dr. med. vet.,
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INVOICE

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