

**PATIENT**Bobby Bublitz  
47325A**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male Neutered

**AGE**

5 Years, 10 Months

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Veterinary  
Specialists-Dr.  
Silbernagel**INVOICE**

51879

**DATE**

5-3-22

**PRESENTING CLINICAL SIGNS**

Initially presented on 1/12/22 for chronic intermittent right forelimb lameness for about one year, initially noted after pheasant hunting. The lameness was noted again this past summer, usually observed to get worse after increased physical activity. The lameness is usually observed as stiffness after getting up or sitting for periods of time. Shoulder stem cell therapy / mild, transient improvement. Analgesics / improved comfort. Adequan injections / subjective improvement, but makes him vomit. Bobby was prescribed strict cage rest for 8 weeks with daily range of motion therapy. Recheck exam on 6/16/22 showed consistent weight bearing on both forelimbs and tolerated two 20 minute walks a day. The only lameness/stiffness seen is occasionally at night. Bobby tolerates the full shoulder ROM without reaction or signs of discomfort. On 4/9/22 owner called after increasing activity to 50 min. Bobby starts limping and has increased stiffness. Lameness was noted after 45 minutes and now also noted left forelimb lameness.

Abnormal PE/Chem/CBC/UA Results: Right and left elbow, shoulder and carpal radiographs were taken at Lake Geneva on 11/08/2021: Normal elbows and carpi. There is a well defined ~2mm bony proliferation along the caudal aspect of the left ulna at the level of the proximal physal scar. Subjective mineralization over both left and right biceps grooves.

**ULTRASONOGRAPHIC FINDINGS****Right Shoulder**

The right supraspinatus tendon measures 8.5mm in thickness and presents mild internal echoarchitectural remodeling with nonshadowing echogenic foci within the distal and medial aspect of the tendon. There is mild biceps impingement. Mild generalized swelling of the bicipital synovium is noted as well as mild effusion within the bicipital tendon sheath. There is a mild bony exostosis within the intertubercular groove.

**ULTRASONOGRAPHIC DIAGNOSIS**

- Supraspinatus tendinopathy with mild biceps impingement and mild chronic biceps tenosynovitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic findings reveal mild chronic biceps tenosynovitis with supraspinatus tendinopathy and mild biceps impingement. Clinical significance of the findings varies; however, treatment with rest, targeted physical therapy, systemic NSAID administration, and extracorporeal shockwave or therapeutic laser could be considered. In case of deteriorating clinical signs, prp injections would be another option for the management of the tendinopathy.



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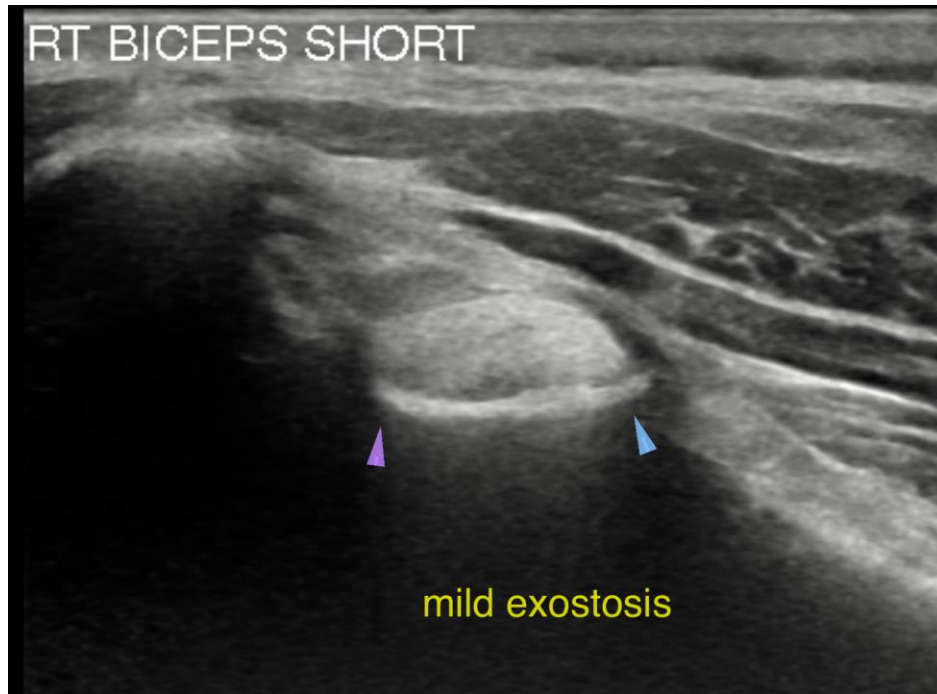
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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