


PATIENT PRESENTING CLINICAL SIGNS

Rufus Charette
SPECIES Canine
BREED Presa Canario x

Chronic worsening LFL lameness. Prior imaging at the referring facility had found on CT and U/S: "mineral attenuating foci associated with both lateral tubercles-supraspinatus and infraspinatus tendon insertionopathy is considered. Ultrasonography of the shoulders revealed mild bilateral supraspinatus bursa thickening and multiple pinpoint mineralization which we felt was unlikely to be clinically significance given the history." There is also bilateral static RUIN lesions that don't demonstrate palpable discomfort. On examination here, there was mild discomfort on the carpal/digital flexor tendons of origin, and no discernable shoulder pain. Prior to referral, Rufus had received "Depomedrone (40mg) instilled around the left cranial medial shoulder joint capsule, insertional tendon of the left supraspinatus muscle, and within the left biceps tendon and tendon sheath. "

ULTRASONOGRAPHIC STUDY OF THE BILATERAL SHOULDERS & BICEPS ATTACHMENT & FLEXOR ORIGIN AT THE ELBOW JOINT LEVEL
SEX Left Shoulder

Neutered Male
 The left supraspinatus tendon present moderate internal echoarchitectural changes with up to 3.0 mm sized mineralizations close to the greater humeral tubercle. Average maximus thickness of the left supraspinatus tendon is 9.5 mm. No significant biceps impingement is seen.

AGE

20 Months
 The left biceps tendon presents no echoarchitectural changes. The presence of muscle fibers in the tendon core at the musculotendinous junction level is a normal anatomic variation and not considered pathologic. Mild tendon sheath effusion with mild generalized swelling of the synovium and mild bicapital groove exostosis are seen. The left infraspinatus and teres minor present within normal limits.

INTERPRETED BY

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

Left distal biceps attachment and flexor origin
 Periarticular osteophytes are seen in the medial aspect of the left elbow joint. There is mild swelling with heterogeneity of the echoarchitecture of the flexor origin level with the medial humeral epicondyle. The distal attachment of the biceps tendon to the radial head presents smoothly delineated and within normal limits.

HOSPITAL NAME Right Shoulder

Points East West VS
 The right supraspinatus tendon present moderate internal echoarchitectural changes with up to 3.5 mm sized mineralizations close to the greater humeral tubercle. Average maximus thickness of the left supraspinatus tendon is 9.5 mm. No significant biceps impingement is seen.

REFERRING VET

Dr. David Lane
 The right biceps tendon presents no echoarchitectural changes. The presence of muscle fibers in the tendon core at the musculotendinous junction level is a normal anatomic variation and not considered pathologic. Mild tendon sheath effusion with mild generalized swelling of the synovium and mild bicapital groove exostosis are seen. The right infraspinatus and teres minor present within normal limits.

INVOICE

44401
Right distal biceps attachment and flexor origin
 The right flexor origin and distal biceps attachment present within normal limits.

ULTRASONOGRAPHIC DIAGNOSIS
DATE

7/21/23

- Moderate bilateral mineralizing supraspinatus tendinopathy
- No evidence of biceps impingement



PATIENT

Rufus Charette

- Mild bilateral chronic biceps tenosynovitis
- No evidence of biceps tendon necrosis or core lesions
- Flexor enthesopathy and mild osteoarthritis of the left elbow
- Normal ultrasonographic appearance of the distal attachment of the left biceps tendon at the elbow joint level

SPECIES

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SEX

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AGE

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HOSPITAL NAME

Points East West VS

REFERRING VET

Dr. David Lane

INVOICE

44401

DATE

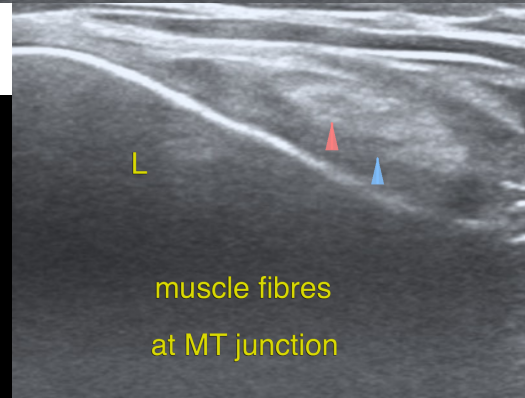
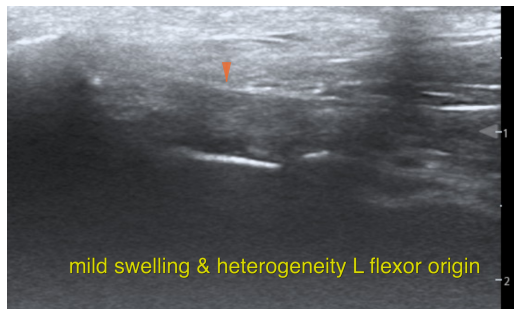
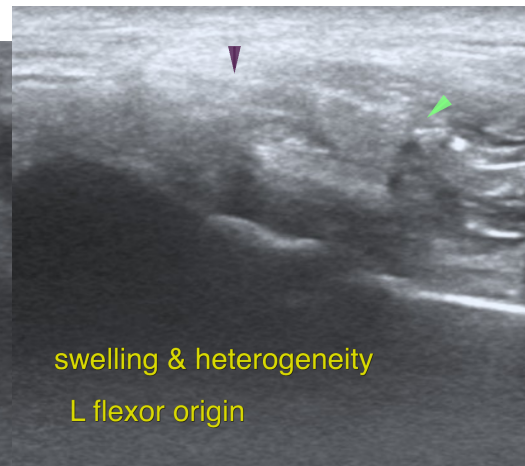
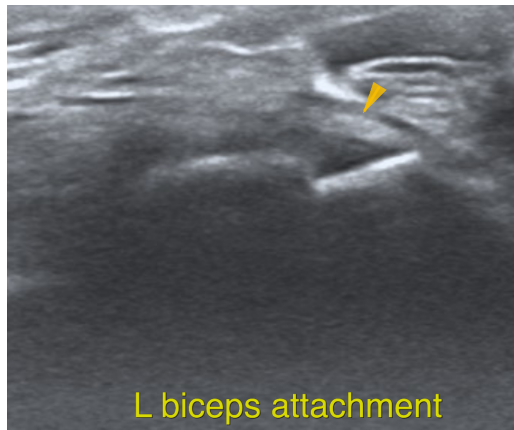
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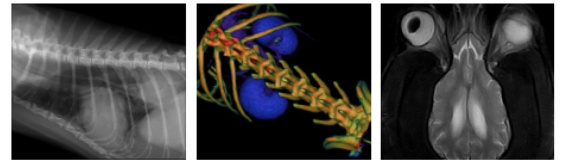
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study confirms the presence of bilateral mineralizing supraspinatus tendinopathy. At this time, there is no evidence of biceps impingement. Nevertheless, signs of mild chronic biceps tenosynovitis are seen bilaterally. The biceps tendons present no evidence of core lesions or necrosis.

The distal attachment of the biceps tendons at the elbow joint level is within normal limits in both front limbs. Nevertheless, signs of mild osteoarthritis and flexor enthesopathy are seen in the left elbow, which is commonly associated with elbow arthropathy such as dysplasia or other. Primary flexor enthesopathy has been described as well, but it is less common than concomitant flexor enthesopathy occurring with other elbow diseases.

If not already performed, radiographic or CT evaluation of the elbows is recommended in order to rule out elbow dysplasia such as medial coronoid disease, osteochondritis, incongruity, or other.





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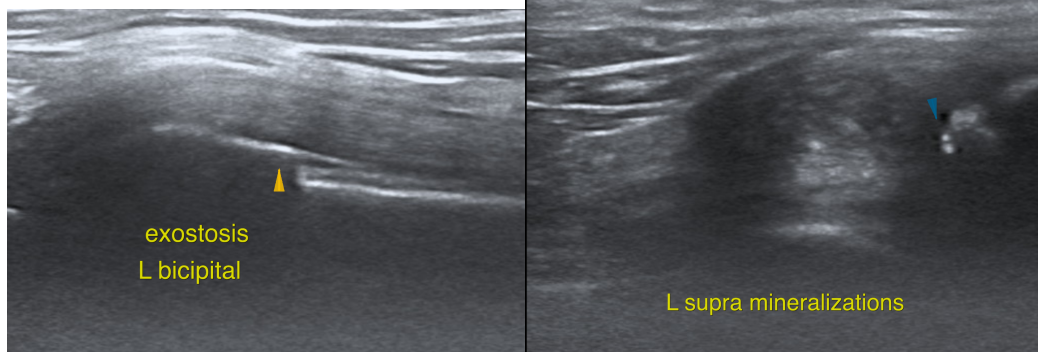
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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