



PATIENT

Maggie Axtman

PRESENTING CLINICAL SIGNS

Limping on LF leg, will walk "stiff legged and hold leg crooked" Started in Feb Has done carprofen and gabapentin Meds- carprofen BID, has not had a dose since yesterday morning, cosoquin Pre-med on board Will toe touch when trotting About a month ago P got really excited and took off running and yelped Still wants to play and run like usual just "gimpy" on that leg

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

BREED

Labrador Retriever

The left supraspinatus tendon presents mineralizing echogenic structures with distal acoustic shadowing close to the attachment to the greater humeral tubercle. Moderate enthesophytosis is seen at the greater humeral tubercle. The maximum thickness of the left supraspinatus tendon is 7.5mm which is within the expected limits for a Labrador. No evidence of biceps impingement is seen. The biceps tendon presents well delineated with uniform fibular echoarchitecture. No abnormal effusion is seen within the bicipital tendon sheath. The tendon sheath lining presents within normal limits. The musculotendinous junction origin and distal part of the biceps present within normal limits as far as seen. No abnormality can be identified in the medial joint compartment. Part of the supraspinatus and part of the medial glenohumeral ligament are included in the study and present within normal limits. The visible periarticular margins present mild osseous remodeling.

SEX

FS

AGE

4 Years

ULTRASONOGRAPHIC DIAGNOSIS

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

- Mineralizing left supraspinatus tendinopathy.
- Structurally normal biceps tendon with no evidence of tendon sheath abnormality and no evidence of biceps impingement.
- Normal presentation of the medial compartment as far as seen.
- Early shoulder osteoarthritis.

HOSPITAL NAME

State Avenue Vet
Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals mineralizing supraspinatus tendinopathy. Supraspinatus tendinopathy can cause biceps impingement and be the underlying cause to secondary biceps tenosynovitis. However, in this case, the ultrasonographic presentation of the biceps tendon and its sheath are innocuous, and no evidence of impingement is seen. The remainder of the visible structures in the left shoulder presented within normal limits as well.

REFERRING VET

Dr. Raul Casas-Dolz

The ultrasonographic access to the medial compartment is limited so that structural pathology in this area can never be ruled out entirely, however, as far as seen, there was no deviation from the expected echoarchitecture here.

INVOICE

53035

DATE

7-24-22



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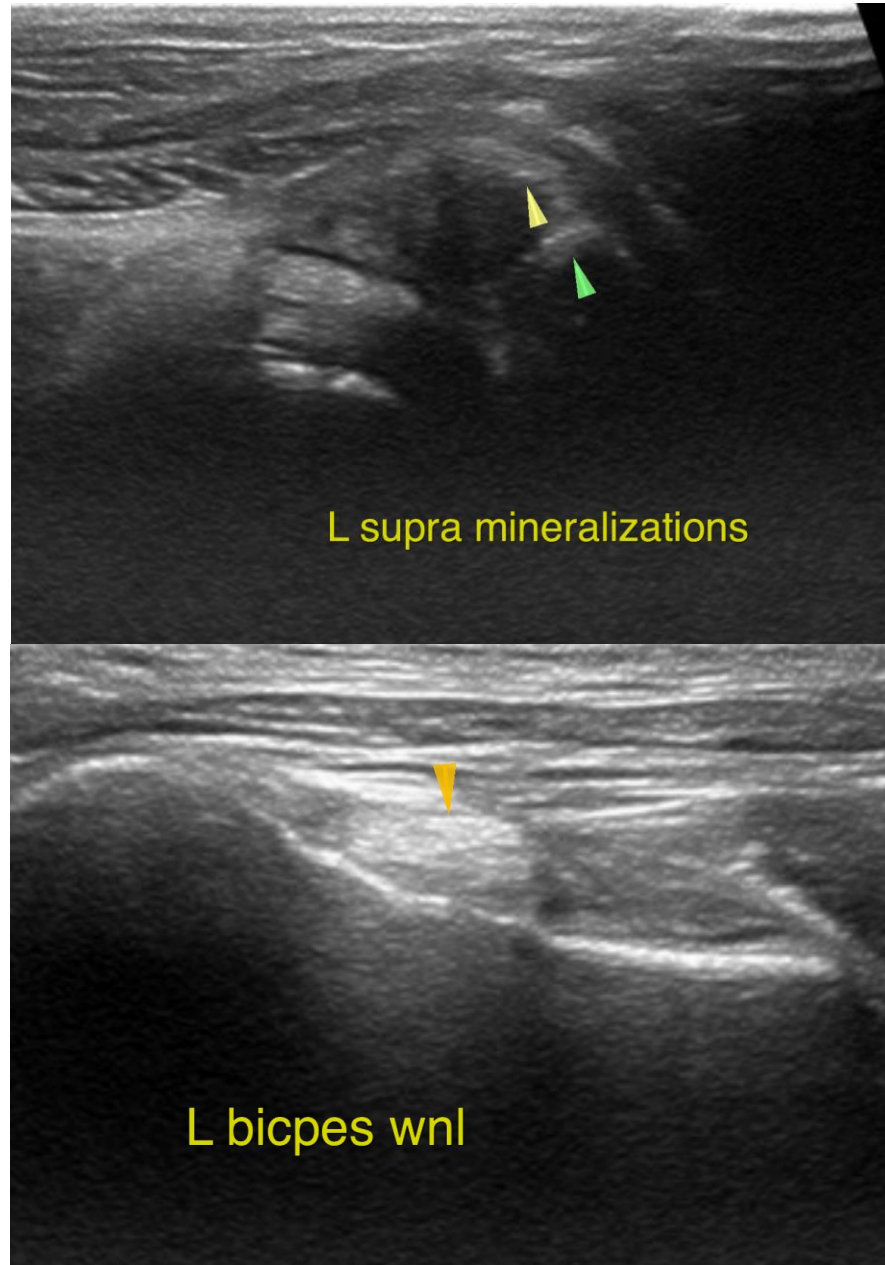
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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.

BREED

Labrador Retriever

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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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