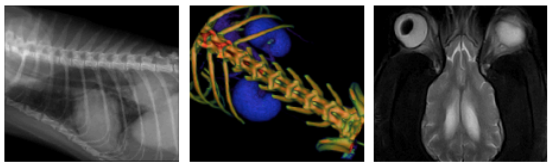

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1-800-838-4268 info@sonopath.com

PATIENT

Walker Beauregard

SPECIES

Canine

BREED

Whippet x

SEX

Neutered Male

AGE

7 Years

INTERPRETED BY

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

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Nigel Gumley

INVOICE

44620

DATE

8/10/23

PRESENTING CLINICAL SIGNS

Diagnosed with R shoulder biceps tendinopathy by referring vet. does flyball and is never lame but noticed run times were dropping. Not turning right as well and running slower.

Abnormal PE/Chem/CBC/UA Results: No lameness noted in clinic. Uncomfortable in T7 rib hear, T10, spasms at TL, worse on L side, and at L4 on L and R. No pain in R biceps tendon but painful in teres minor and infraspinatus and tight in long head of triceps; mild spasms in LF teres minor but otherwise normal. Radiographs of both forelegs normal except for very mild OA in toes.

ULTRASONOGRAPHIC STUDY OF THE SHOULDERS

Right Shoulder

The supraspinatus, deltoideus and infraspinatus muscles present within normal limits for shape, volume, echoarchitecture and echogenicity. The transition to the supraspinatus tendon is even and thin. The broad part of the supraspinatus tendon presents within normal limits for its shape, volume and echogenicity. The average maximum thickness of the right supraspinatus tendon is 5.5 mm. There is no evidence of impingement. The attachment to the bone surface of the greater humeral tubercle is even and smooth. The infraspinatus muscle condenses and narrows down to a long tendon of even width, smooth outline and regular echogenic fibular echoarchitecture and up to the attachment to the bone surface of the humerus. Mild enlargement of the right infraspinatus bursa is seen deep to the infraspinatus tendon.

The biceps tendon can be seen from its origin through the bicipital groove, up to the musculotendinous transition and is within normal limits for shape, echogenicity and echoarchitecture. There is no evidence of synovial thickening. Mild anechoic effusion is noted within the bicipital tendon sheath. The bone surface of the bicipital groove is even and smooth. The teres minor presents within normal limits. The glenohumeral ligament is smoothly delineated and measures <1.0 mm in thickness, which is considered within normal limits.

The visible margins of the shoulder joint are within normal limits.

Left Shoulder

The supraspinatus, deltoideus and infraspinatus muscles present within normal limits for shape, volume, echoarchitecture and echogenicity. The transition to the supraspinatus tendon is even and thin. The broad part of the supraspinatus tendon presents within normal limits for its shape, volume and echogenicity. The average maximum thickness of the left supraspinatus tendon is 5.5 mm. There is no evidence of impingement. The attachment to the bone surface of the greater humeral tubercle is even and smooth. The infraspinatus muscle condenses and narrows down to a long tendon of even width, smooth outline and regular echogenic fibular echoarchitecture and up to the attachment to the bone surface of the humerus. No evidence of enlargement of the left infraspinatus bursa.

The biceps tendon can be seen from its origin through the bicipital groove, up to the musculotendinous transition and is within normal limits for shape, echogenicity and echoarchitecture. There is no evidence of synovial thickening. Mild anechoic effusion is noted within the bicipital tendon sheath. The bone surface of the bicipital groove is even and smooth. The teres minor presents within normal limits. The glenohumeral ligament is smoothly delineated and measures <1.0 mm in thickness, which is considered within normal limits.

The visible margins of the shoulder joint are within normal limits.

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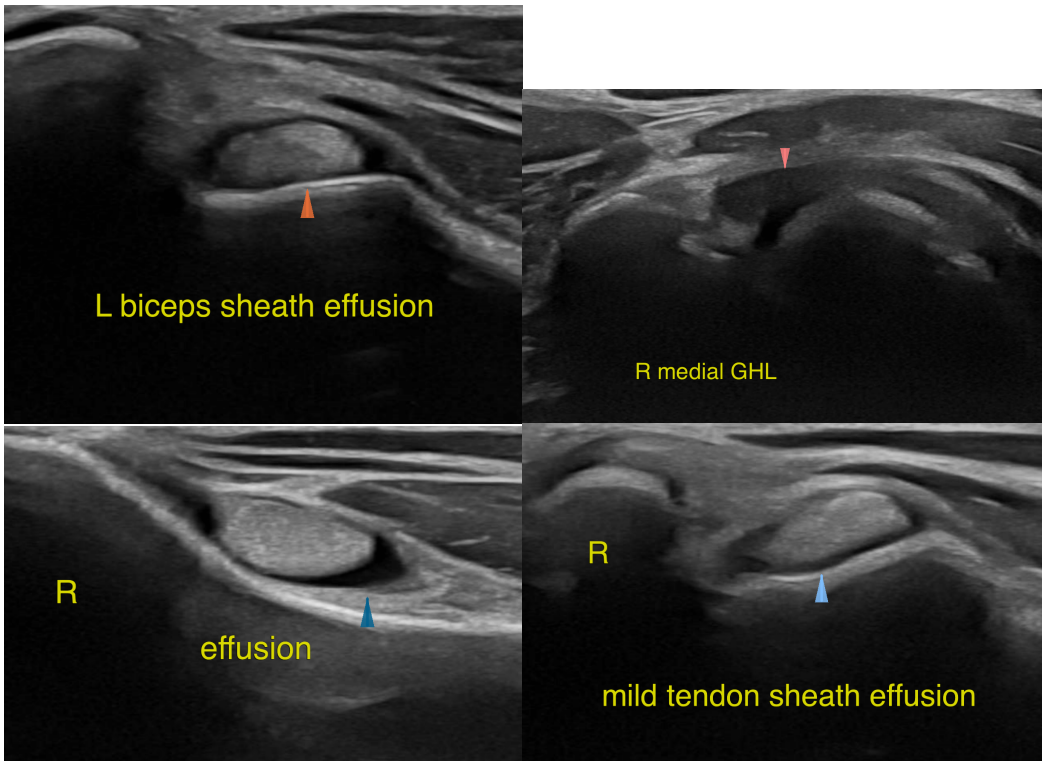
ULTRASONOGRAPHIC DIAGNOSIS

- Mild bilateral biceps tendon sheath effusion with no structural changes of the biceps tendons
- Mild right infraspinatus bursitis
- Normal ultrasonographic presentation of the teres minor, medial glenohumeral ligament and supraspinatus tendons in both shoulders

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Mild effusion is noted within the biceps tendon sheath with no significant swelling of the synovium and no structural changes of the biceps tendons. Early bicep tenosynovitis is one potential differential diagnosis. However, translocated effusion from the shoulder joint such as secondary to prior manipulation or exercise can explain the mild effusion and absence of synovial swelling and other abnormality. Findings are also bilaterally symmetric and do not affect one of the thoracic limbs preferentially. Mild bursitis of the right infraspinatus bursa is seen. Structural changes within the infraspinatus or teres minor are not noted concomitantly. However, micro fiber damage muscle spasm cannot be ruled out. Lameness of other origin should however be considered in this patient owing to the rather subtle ultrasonographic changes.



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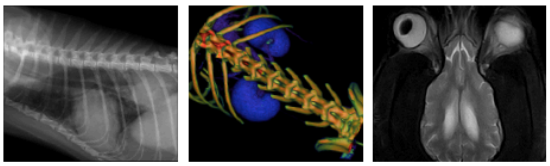

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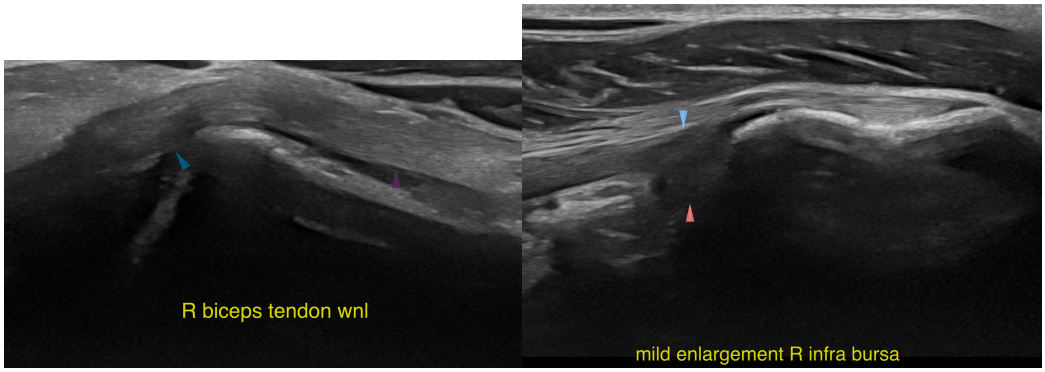

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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