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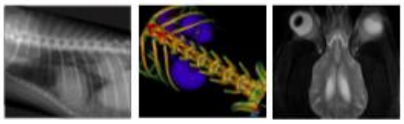

SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

8-17-22

PATIENT

Baby Reed

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

7/22/19

INTERPRETED BY

Nele Ondreka, DVM
Dr. med. vet.,
DipECVDI

HOSPITAL NAME

Nexus Veterinary Specialists

REFERRING VET

David Dycus

INVOICE

53535

PRESENTING CLINICAL SIGNS

Baby presents today with an approximate 8-month history of an intermittent left front limb lameness. Baby's owner reports no known incident of trauma associated with the onset of the lameness, but she is an active dog. The lameness has worsened since the onset. It is exacerbated with activity. Baby was seen by her primary care veterinarian where conservative management was attempted, but Baby's lameness has not resolved. Radiographs were obtained an orthopedic consultation was recommended. Baby currently receives no medications. Baby was reported to be otherwise healthy. At presentation, Baby had a moderate weight bearing lameness in the left front limb at the walk (grade II-III/V). Baby would intermittently off-load the left front limb when standing. On palpation, moderate discomfort was noted on palpation of the left shoulder. Discomfort was noted when placing the left shoulder throughout range of motion. In particular pain was noted upon biceps stretch test. The right shoulder was comfortable on flexion, extension, biceps stretch test, and abduction. Both stifles (knees) palpated stable and had good range of motion. Both hips had a good range of motion. No iliopsoas discomfort was noted. The remainder of the orthopedic examination was within normal limits. Radiographs (Referral): Lateral thoracic - within normal limits Right and partial left AP antebrachium - within normal limits Radiographs (Nexus): Right elbow - within normal limits Left elbow - within normal limits Right shoulder - within normal limits Left shoulder - within normal limits
Abnormal PE/Chem/CBC/UA Results: Pre-anesthetic blood work (CBC/Chemistry): Recent results from 5/3/22 are adequate for general anesthesia or sedation. There is a mildly elevated BUN that should be monitored by Baby's regular veterinarian.

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

The left supraspinatus tendon measures a maximum thickness of 6.5mm. No internal echoarchitectural changes are seen. The attachment to the greater humeral tubercle is smooth. There is no evidence of biceps impingement. The biceps tendon presents no echoarchitecture changes, however, there is a mild amount of effusion within the bicipital tendon sheath and mild swelling of its synovium is seen. Mild osseous exostosis is present within the intertubercular groove.

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 and measures 6.5mm in maximum thickness. 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. There is no evidence of enlargement of the 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 and no evidence of abnormal effusion. The bone surface of the bicipital groove is even and smooth.

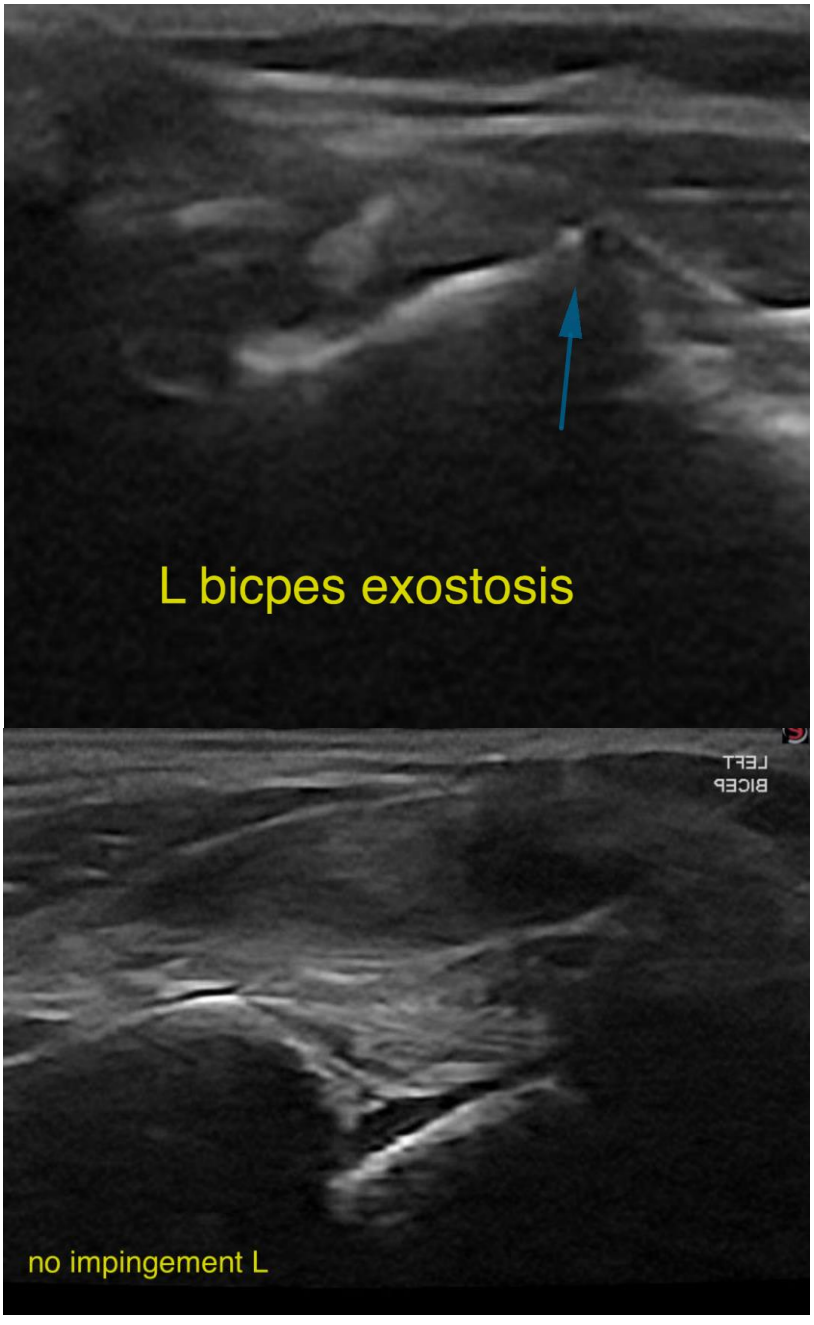
Mild effusion is noted within the right shoulder joint.

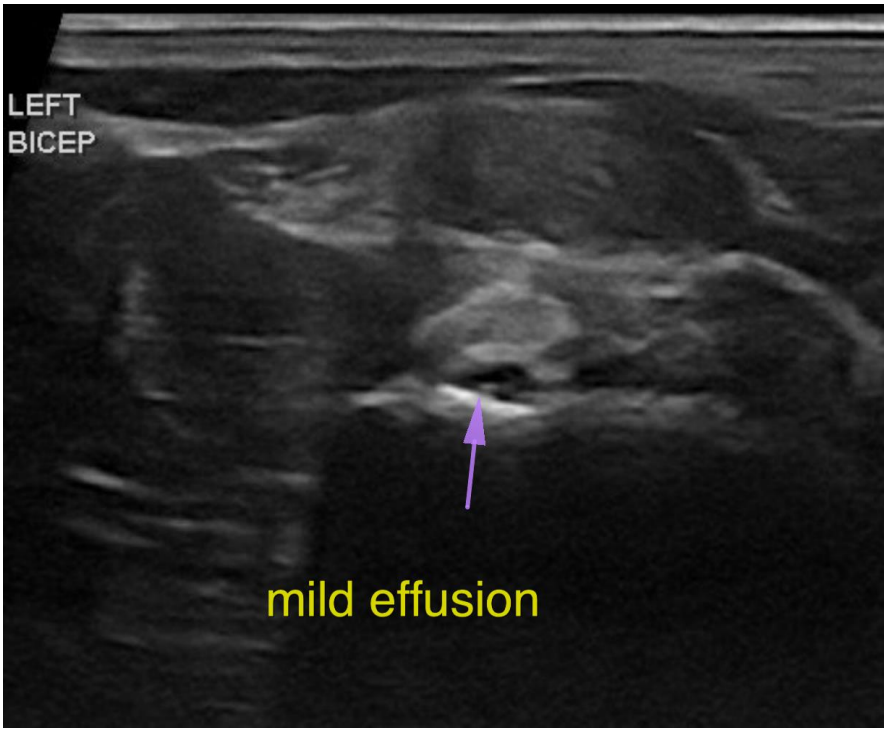
ULTRASONOGRAPHIC DIAGNOSIS

- Mild chronic left biceps tenosynovitis.
- No evidence of biceps tenosynovitis in the right shoulder.
- Mild right shoulder effusion.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals mild chronic biceps tenosynovitis in the left shoulder with no evidence of supraspinatus tendinopathy or biceps impingement. The changes are compatible with chronic grade 1 biceps tenosynovitis and conservative management appears to be reasonable based on the ultrasonographic changes. Injecting the shoulder joint with platelet-rich plasma and physical therapy could be considered along with systemic NSAID administration.





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