



PATIENT

Axel Burgener

PRESENTING CLINICAL SIGNS

Chronic lameness RF leg, intermittent in severity. Prior TPLO on the LH leg. Prior lameness RH leg but improved.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RF pain distal infraspinatus and teres minor, stiff in shoulder extension. Very mild discomfort medial shoulder. Mild atrophy supra and infraspinatus. L elbow osteophytosis in coronoid and caudal anconeal process. R shoulder calcification in supraspinatus. Mild effusion suspect R stifle, mild buttress; chronic OAL stifle with TPLO.

BREED

ULTRASONOGRAPHIC FINDINGS

Right Shoulder

The right supraspinatus tendon measures 10mm in thickness. Extensive echoarchitectural remodeling of the right supraspinatus tendon with multiple nonshadowing and shadowing echogenic foci are seen. The mineralization is seen deeply within the distal and medial part of the right supraspinatus tendon. There is moderate impingement of the biceps with moderate thickening of its synovium, moderate bicipital tendon sheath effusion, and intertubercular groove exostosis.

SEX

MN

Mild enlargement of the right infraspinatus bursa is seen.

AGE

8 Years

The infraspinatus and teres minor reveal no echoarchitectural changes.

Left Shoulder

The left supraspinatus tendon measures 9mm in thickness. There is mild impingement of the biceps with mild thickening of its synovium, mild bicipital tendon sheath effusion, and intertubercular groove exostosis. Mild enlargement of the left infraspinatus bursa is seen. The infraspinatus and teres minor reveal no echoarchitectural changes.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No structural changes in the medial compartment of the right and left shoulder are seen.

HOSPITAL NAME

Cedarview Animal
Hospital

Right Stifle

Mild effusion and periarticular osteophytes are seen in the right stifle joint. No definitive synovial thickening is present.

REFERRING VET

Nigel Gumley

There is a cyst within the infrapatellar fat pad which is an incidental finding.

The cranial cruciate ligament is continuous with smooth outline and uniform internal echoarchitecture.

INVOICE

53563

Mild generalized thickening of the medial collateral ligament is seen.

A vertical hypoechoic line is superimposed onto the caudal horn of the medial meniscus. The visible parts of the medial meniscus present mild uniform increase in echogenicity.

DATE

8-18-22



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ULTRASONOGRAPHIC DIAGNOSIS

- Moderate mineralizing right supraspinatus tendinopathy with biceps impingement and moderate chronic biceps tenosynovitis.
- Mild right infraspinatus bursitis.
- Mild left supraspinatus tendinopathy with mild chronic biceps tenosynovitis, mild biceps impingement, and mild infraspinatus bursitis.
- Mild right stifle joint effusion with no evidence of cranial cruciate ligament pathology.
- Vertical hypoechoic line within the medial meniscus and uniform increase in echogenicity of the medial meniscus in the right stifle.
- Mild desmitis of the medial collateral ligament in the right stifle.

SPECIES

Canine

BREED

Labrador Retriever X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supraspinatus tendinopathy with biceps impingement and biceps tenosynovitis are seen in both shoulders. The changes are moderate in the right shoulder and mild in the left shoulder. Medial compartment changes are not seen but cannot be ruled out entirely based on ultrasound alone. The changes within the right supraspinatus tendon and of the right bicipital tendon sheath are extensive and further progression has to be anticipated. Combined conservative medical management are local prp injections concurred by professional physical therapy are recommended.

SEX

MN

AGE

8 Years

No evidence of cranial cruciate ligament rupture is seen in the right stifle. The changes of the medial meniscus suggest presence of internal degeneration of the medial meniscal tissue. Anatomic variant (as to the uniform increase in echogenicity) is a possibility as well. The vertical hypoechoic line is very likely to represent an artifact that is caused by the collagenous tie fibers within the medial meniscus.

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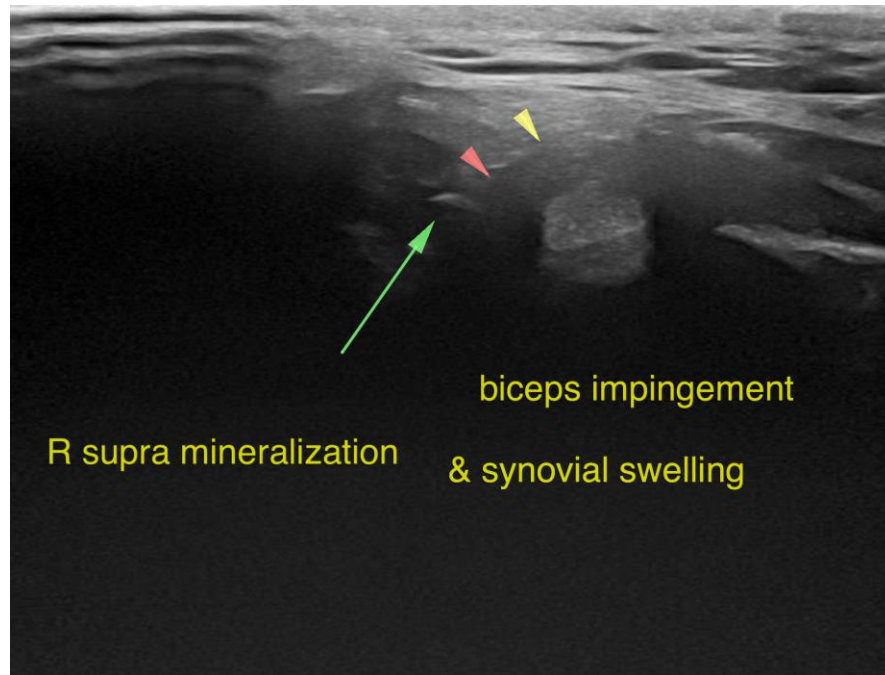
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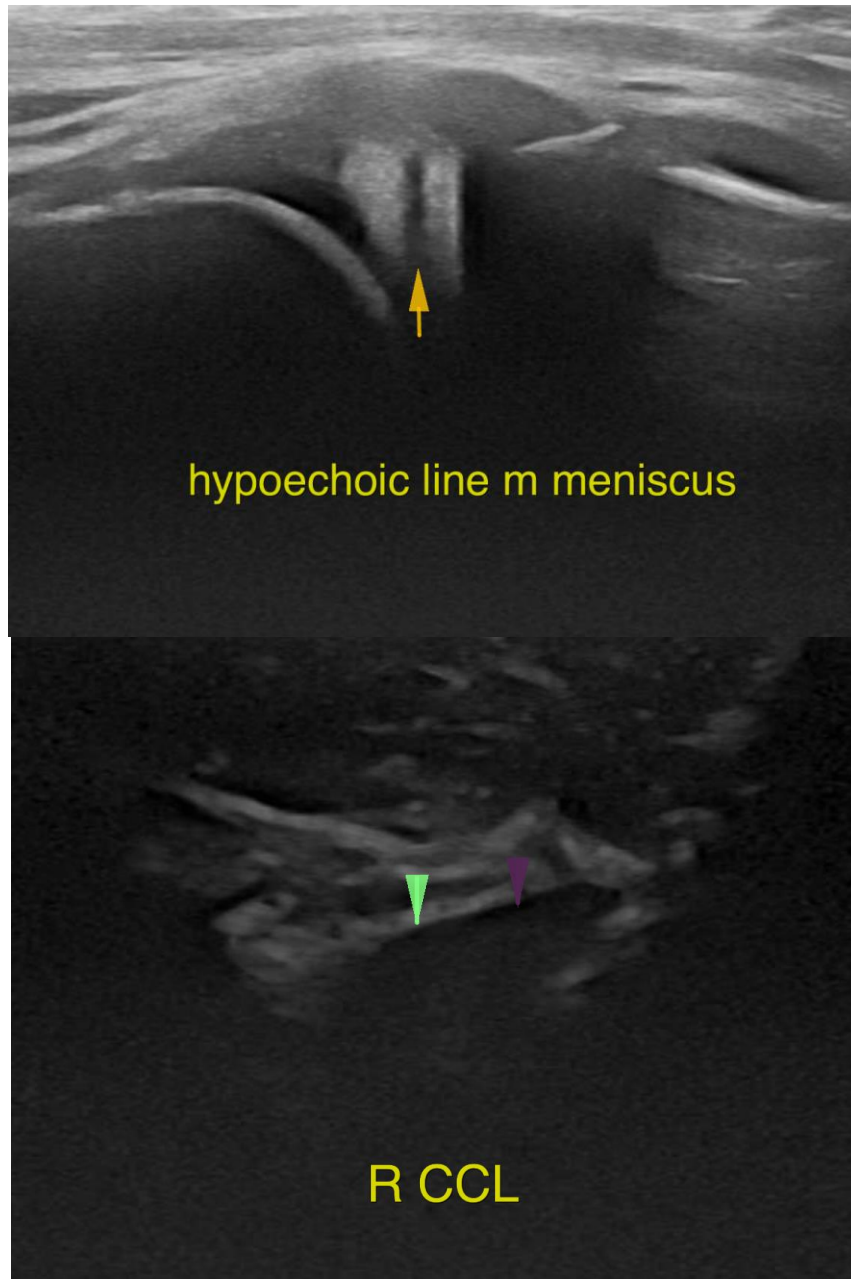
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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SEX

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