


PATIENT PRESENTING CLINICAL SIGNS

Holly Talmadge Right front lameness In January O noticed Holly start to limp on the right front leg. O did not notice any injury but did note that she does jump down off the bed and couch. Progressively got worse to where she was NWB. Has been on medications and has had 2 sets of rads. One in Texas the other here in Missouri. As of 2 weeks ago she was putting weight on the leg and using it normally. If they now go on a long walk she might limp a little. O interested in finding out what caused it. Prior activity restrictions: kept from jumping off bed and limited leash walks, still jumping on/off couch and free roaming Medications: Carprofen, Gabapentin- still currently on

SPECIES

Canine

BREED

Terrier x

Abnormal PE/Chem/CBC/UA Results: MS: Very mild right front leg weight bearing lameness, painful on full extension of right elbow, comfortable on shoulder and carpal ROM Neuro: normal cranial nerve and peripheral nerve exam, no cervical or spinal hyperpathia is noted

ULTRASONOGRAPHIC STUDY OF THE BILATERAL SHOULDERS
SEX

Spayed Female

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. There is no evidence of impingement. The attachment to the bone surface of the greater humeral tubercle is even and smooth. Average maximum thickness of the supraspinatus tendon is 3.5 mm. 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.

AGE

10 Years

INTERPRETED BY

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

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.

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

HOSPITAL NAME

 Veterinary Specialty
 Services - Manchester

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. There is no evidence of impingement. The attachment to the bone surface of the greater humeral tubercle is even and smooth. Average maximum thickness of the supraspinatus tendon is 3.5 mm. 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.

REFERRING VET

Dr. Robert Nack

INVOICE

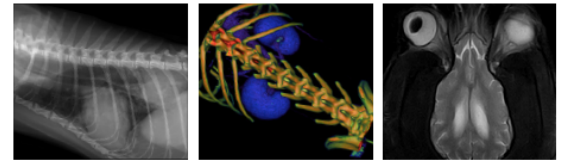
44549

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DATE

8/9/23

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



PATIENT ULTRASONOGRAPHIC DIAGNOSIS

Holly Talmadge

- Normal ultrasonographic presentation of the bilateral biceps tendons and rotator cuff

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The ultrasonographic study did not reveal evidence of structural pathology within the rotator cuff or biceps tendon. No significant tendon sheath effusion is noted. The findings are symmetric between the right and left side. Lameness of other origin such as cervical, neurologic disease, or other orthopedic disease cannot be ruled out.

BREED

Terrier x

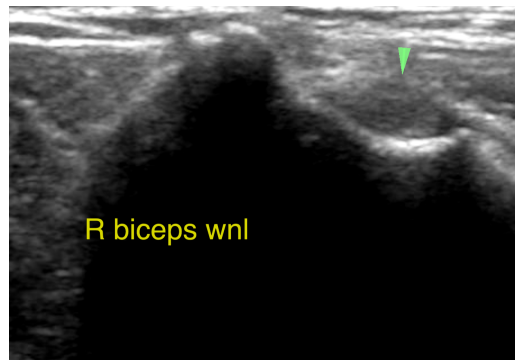
Note: Good image quality with the use of the standardized shoulder ultrasound protocol. Appropriate technical settings.

SEX

Spayed Female

AGE

10 Years



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DipECVDI

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.

HOSPITAL NAME

Veterinary Specialty
Services - Manchester

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.
Nele.Eley@sonopath.com

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