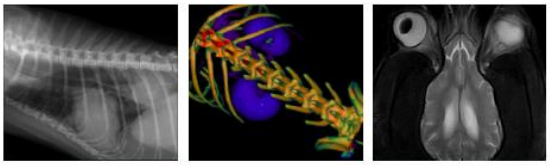
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Walter Daymond

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Male Neutered

AGE

9 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mountain Vista Veterinary Hospital

REFERRING VET

Dr. Jacquie Pankatz

INVOICE

54107

DATE

9-19-22

PRESENTING CLINICAL SIGNS

Chronic left forelimb lameness. Ultrasound of the left and right shoulders submitted for evaluation. History notes: Chronic left forelimb lameness since July 30th. Not responsive to rest, NSAID/tramadol therapy August 4 - Ortho exam - m2 lame LF and carpal discomfort and ST swelling present. Rest/nsaids prescribed August 11/22 - M2 lame on LF with pain associated with bicipital tendon pressure and shoulder extension. Previous discomfort with left carpus resolved. Rest of ortho exam wnl. Mild muscle atrophy present. No pain with axillary palpation and minimal with shoulder flexion. Mild reaction on spinal palpation in multiple areas possibly more with cervical/early thoracic pressure. Dx MCT on left flank and lipoma on dorsal left carpus. Shoulder rads completed and submitted to Dr. Crews - Results showed normal shoulder rads, mild spondylosis C4-C5 MCT removed Aug 29th - low grade with clean margins. Sept 8th - chronic lameness has persisted with muscle atrophy present. Ambulatory on all four and can do play-bow stretch with ease but holds up LF when at rest
Abnormal PE/Chem/CBC/UA Results: August 29th CBC/comp all wnl Shoulder and carpal rads submitted to DR. Crews: Radiographically normal shoulders, carpi, right metacarpus, mani and thorax. (a) Mild spondylosis at C4-5 is considered benign and incidental. If there is concurrent IVDD at this location or another location in the neck it is not appreciated on radiographs. (b) Radiographically normal right shoulder does not rule out soft tissue injury (biceps tendonopathy, supraspinatus, medial shoulder instability, etc), nor does it rule out brachial plexus region pain manifesting as shoulder pain. 2. Two or three wire foreign bodies palmar to the LEFT metacarpal III and IV bones. (a) Incidental these would not account for a right front limb lameness. These may be staples, and the question of 2-3 pieces may be because one appears as two side-by-side pieces of material (like a pair of simple staples).

ULTRASONOGRAPHIC FINDINGS

Left Shoulder

The left supraspinatus tendon measures 6.5mm in thickness. Mild echoarchitectural remodeling is noted. There is no evidence of biceps impingement. Severe thickening of the bicipital synovium and severe synovial effusion are noted within the left bicipital tendon sheath. The left biceps tendon is irregular in outline with a hypoechoic core lesion affecting 30% of the tendon's cross sectional area level with the intertubercular groove of the biceps tendon. Moderate irregular new bone formation is seen within the intertubercular groove accentuating its proximal extent. The maximum tendon sheath thickness is 3mm. There appear to be synovial adhesions.

Right Shoulder

The right supraspinatus tendon measures 6.5mm in thickness. Mild to moderate effusion is noted within the right bicipital tendon sheath. Mild generalized thickening of the bicipital synovium is seen. There is no evidence of echoarchitectural changes of the right biceps tendon.

ULTRASONOGRAPHIC DIAGNOSIS

- Severe chronic biceps tenosynovitis and biceps tendinitis of the left biceps tendon with a core lesion.
- Mild to moderate chronic biceps tenosynovitis of the right biceps tendon.

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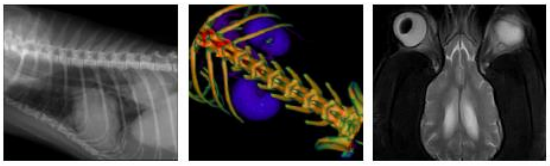

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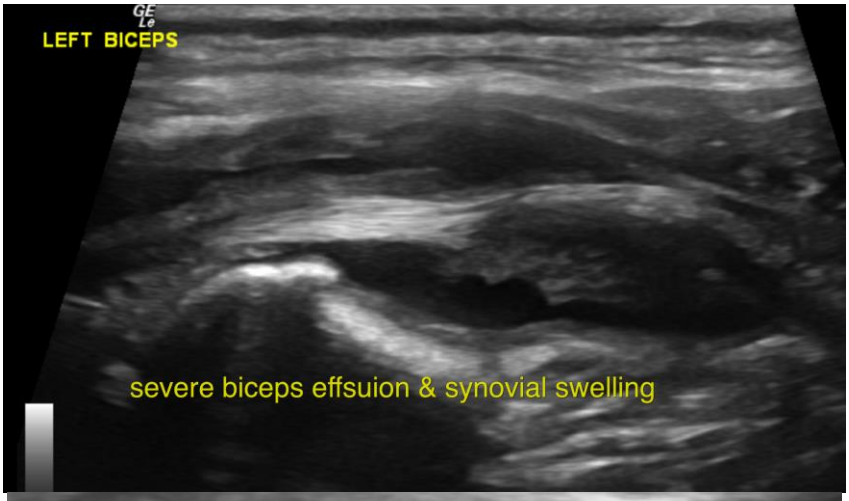
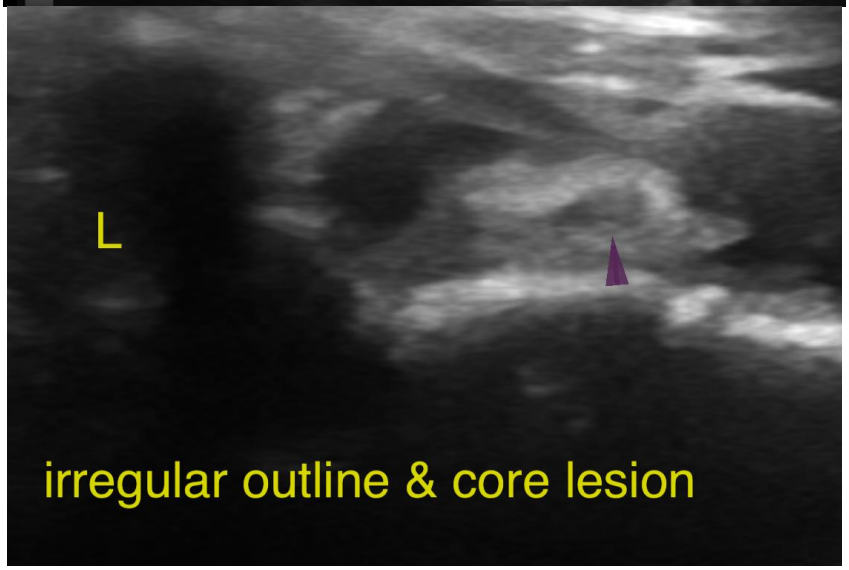
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals severe chronic inflammatory changes of the left bicipital synovium with suspect adhesion formation. Echoarchitectural changes of the tendon compatible with a core lesion are seen. Based on the severity of the changes, surgical biceps release is an option to discuss. However, if not performed yet, an attempt of conservative management using prp and cortisone injections, systemic NSAIDS, rest, and therapeutic laser or ultrasound could be considered.





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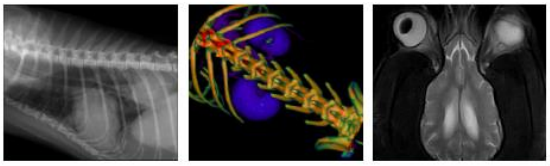

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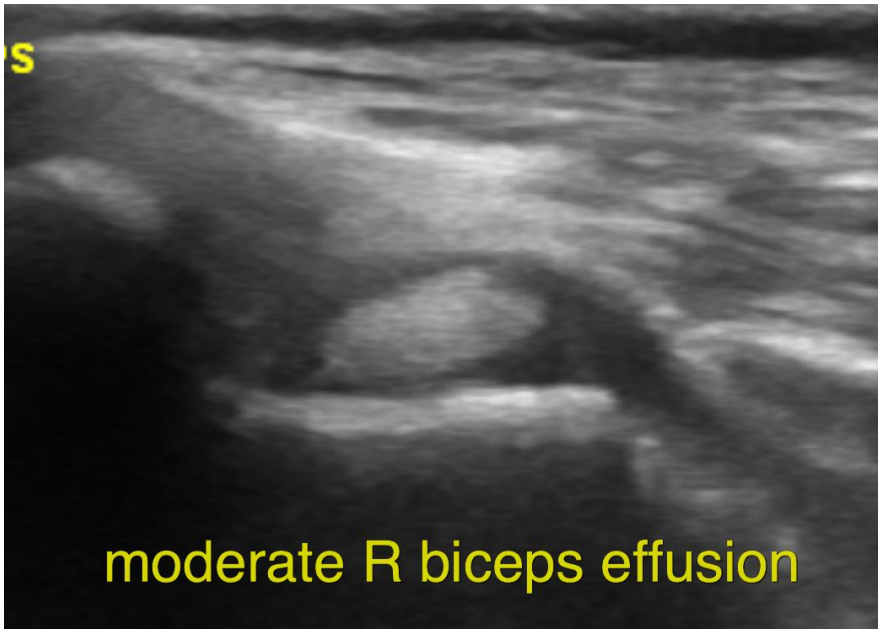

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, 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