



**PATIENT**

Belle Montier/Casdda

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

SF

**AGE**

8

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

FVS Imaging

**REFERRING VET**

Stelfox

**INVOICE**

47365

**DATE**

9-8-21

**PRESENTING CLINICAL SIGNS**

Review of the rads taken in Mexico of the RFL. They show a microchip with a small amount of lucency surrounding the MC located up against the RFL proximal lateral humerus (about 1/4 down the bone from the greater tubercle). The microchip appears to be at the location of either the triceps insertion or the deltoid insertion. There is also a small opacity (mineralization) on the bicipital tendon (RFL).

**ULTRASONOGRAPHIC FINDINGS**

**Right Biceps**

The micro ID chip is seen in a superficial subcutaneous position without any signs of peripheral inflammation or soft tissue swelling.

There is a large irregular shaped exostosis within the intertubercular groove of the proximal humerus underlying the biceps tendon.

The bicipital tendon sheath is severely distended with anechoic effusion. Moderate irregular thickening of the tendon sheath wall with presumed adhesion formation is noted.

The outline of the biceps tendon is mildly irregular. Occasional small internal core lesions embedded within the tendinous tissue are seen. The tendon, however, is continuous. Maximum synovial thickness is 1.7mm.

There appears to be a mass effect of the exostotic new bone formation onto the biceps tendon and its tendon sheath.

**ULTRASONOGRAPHIC DIAGNOSIS**

- Chronic moderate to severe right biceps tenosynovitis with core lesions and presumed tenosynovial adhesions.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic findings support the presence of moderate to severe chronic biceps tenosynovitis with early echoarchitectural changes of the biceps tendon. No overt macroscopic rupture is seen; however, owing to the echoarchitectural presentation, this should be deemed a case of grade 3 tenosynovitis which may not respond completely to conservative management. Depending on prior treatment attempts, conservative management comprising of rest, targeted physical therapy, systemic NSAID treatment, and prp injections could be considered. In the long term, this case, however, may be surgical and biceps release may be necessary.



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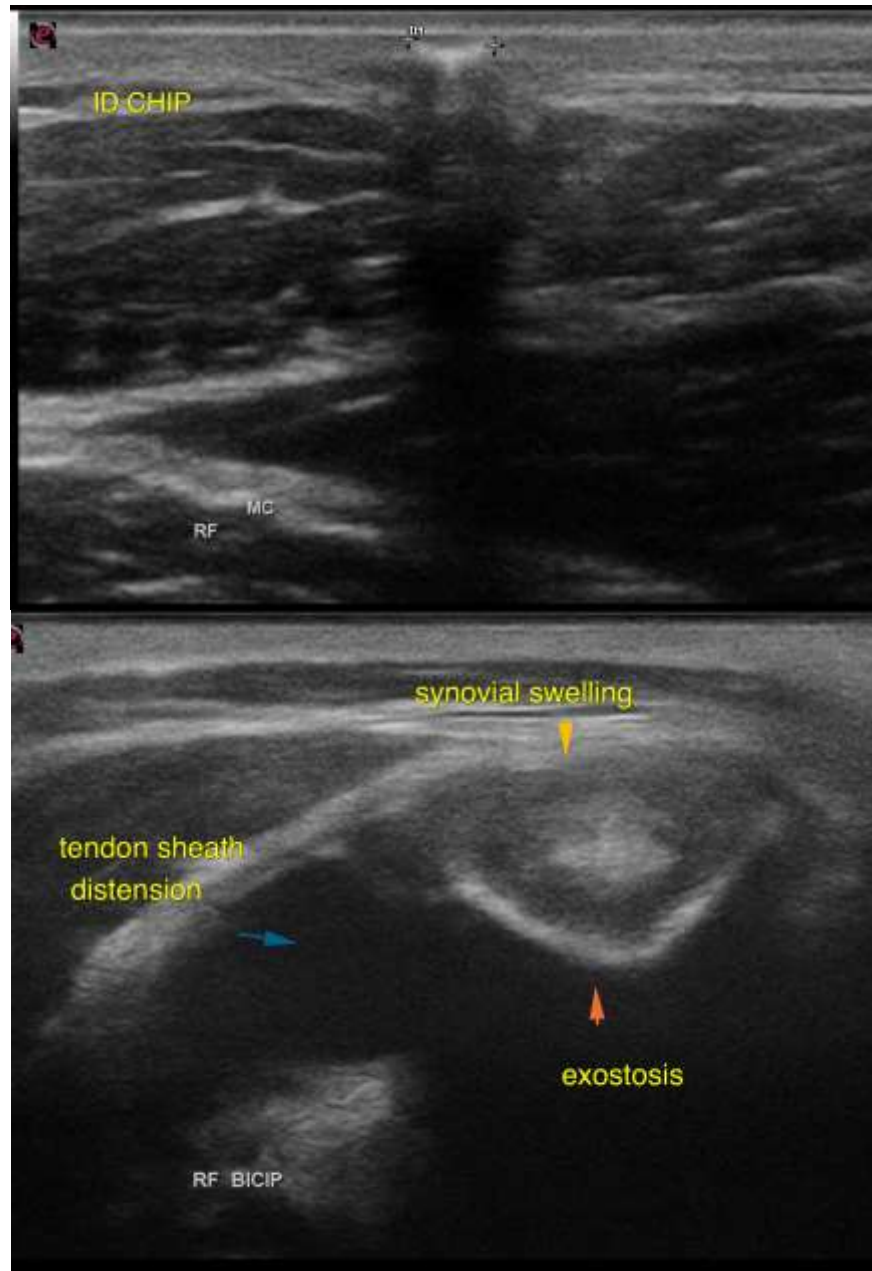
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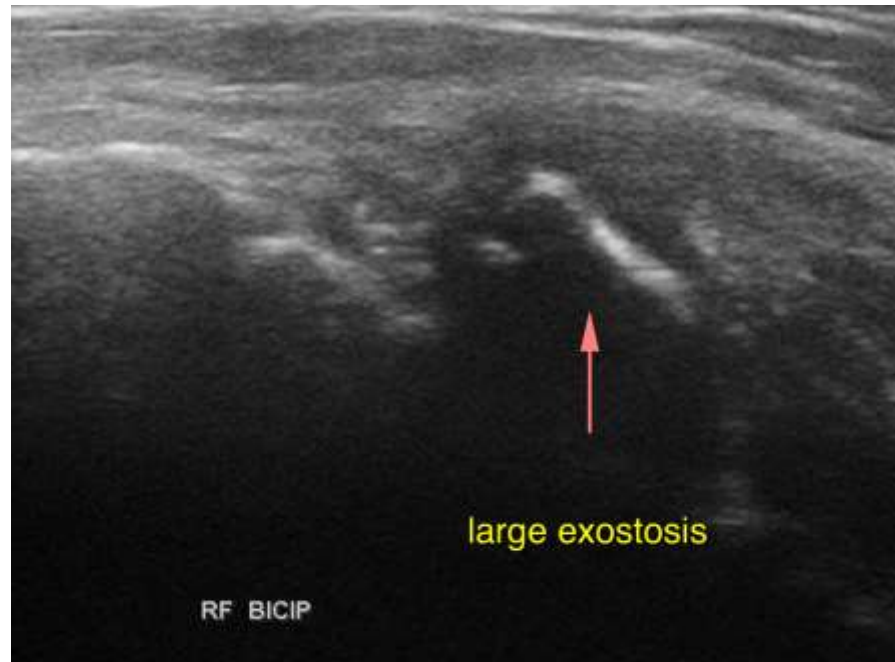
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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