



PATIENT PRESENTING CLINICAL SIGNS

Via Collins
SPECIES Canine
BREED Border Collie
SEX Spayed Female
AGE 3 Years

History: Via is a competition agility and sheepherding dog with low grade LHL lameness that has seen multiple specialists/professionals and remains undiagnosed. Via bunny hops while descending stairs, and periodically sits with the LHL abducted or extended. Agility practice exacerbates the condition, but no other activity does. No appendicular issue was detected on today's examination. Via was also diagnosed with a RFL shoulder injury following a collision with a sheep. She has been receiving conservative treatment for 2 months, and although there is no clinical RFL lameness, it is pain on extension during examination. No shoulder instability was detected while under sedation.

ULTRASONOGRAPHIC EXAMINATION OF THE LEFT/RIGHT ILIOPSOAS, COXOFEMORAL JOINT & LEFT/RIGHT SHOULDER

Iliopsoas muscles/tendon/insertion left/right:

The displayed muscles are moderately hyperechoic. The muscle volume appears normal, muscle fibers appear intact and are seen in continuity. No signs of fluid pooling within the muscle texture on both sides.

Insertion towards the lesser trochanter is bilaterally inconspicuous with very subtle irregularities of the bony surface.

The sciatic nerves are inconspicuous in course, echogenicity and thickness.

INTERPRETED BY Coxofemoral Joint Left/Right:

Sebastian Jawinski,
 German Board
 Certified Vet Specialist
 in Diagnostic Imaging

There is no evidence of synovial thickening, formation of exostosis/osteophytes and/or joint effusion.

Left/Right Shoulder:

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The supraspinatus insertion on both sides presents mild spot like calcifications but without signs of relevant thickening or impingement. The infraspinatus tendons are unremarkable.

REFERRING VET David Lane

On the left side moderate anechoic joint effusion beside some fibrous lines are recognized filling the joint space and the sheath of the biceps tendon. In the bicipital groove hyperechoic chip-like material is noted. Marked synovial hyperplasia is present. The origin of the biceps tendon shows hypoechoic and ill-defined tissue at the level of the distal origin which merges with the tendon further distally. Proximal to the bicipital groove the tendon appears inhomogeneous and mildly thinned with a transverse diameter of 0.16 cm. A questionable tendinous cystic/core lesion caudal to that is noted.

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Changes are recognized on the right as well but without relevant joint effusion or hyperechoic dissecats. The biceps tendon is unremarkable in course and seen in continuity with a transverse diameter of 0.21 cm proximal to the bicipital groove. The MT transition is inconspicuous bilaterally.

DATE

11/5/21



PATIENT **ULTRASONOGRAPHIC DIAGNOSIS**

Via Collins • Moderate joint effusion left shoulder with synovial hyperplasia and degenerative changes of the biceps tendon, the insertion of the supraspinatus tendon and suspected dissecat within the joint space

SPECIES • Mild degenerative changes of the right shoulder
 Canine • Mildly hyperechoic iliopsoas muscles with subtle irregular bone surfaces of the lesser trochanter
 • Inconspicuous coxofemoral joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Border Collie Sonographic findings do not match with the reported clinical front right lameness.

SEX

Spayed Female The mineralized “fragment” in the left shoulder joint may represent calcified synovial tissue or calcified cartilage (due to trauma/juvenile OCD?). I do not suspect partial avulsion of the biceps tendon but this has to be correlated with the clinical presentation. Biceps tendinitis/tendovaginitis are potential differentials. The “cystic” lesion of the left biceps tendon is commonly recognized with partial-/micro-ruptures. The mild irregular echotexture and thinning of the tendon would go along with the latter.

AGE

3 Years The bilateral synovial thickening reflects the reported activity level and may be due to chronic improper load. A diagnostic and therapeutic intraarticular injection in the left shoulder could be the next step (for example triamcinolone or dexamethasone).

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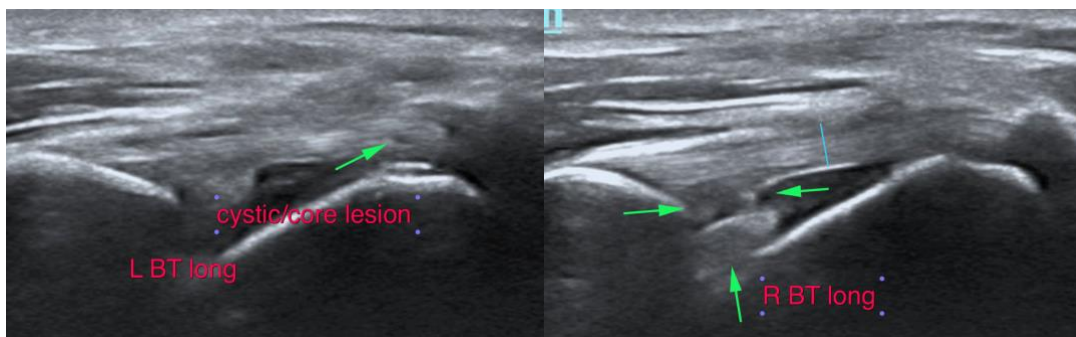
The hyperechoic echotexture of the iliopsoas muscles and irregularities of the lesser trochanter are subtle findings and again could be a sign of chronic improper load/activity and are commonly seen with initial fibrosis/mild mineralization and degenerative insertion-enthesopathy. Signs of an active inflammatory process are currently missing.

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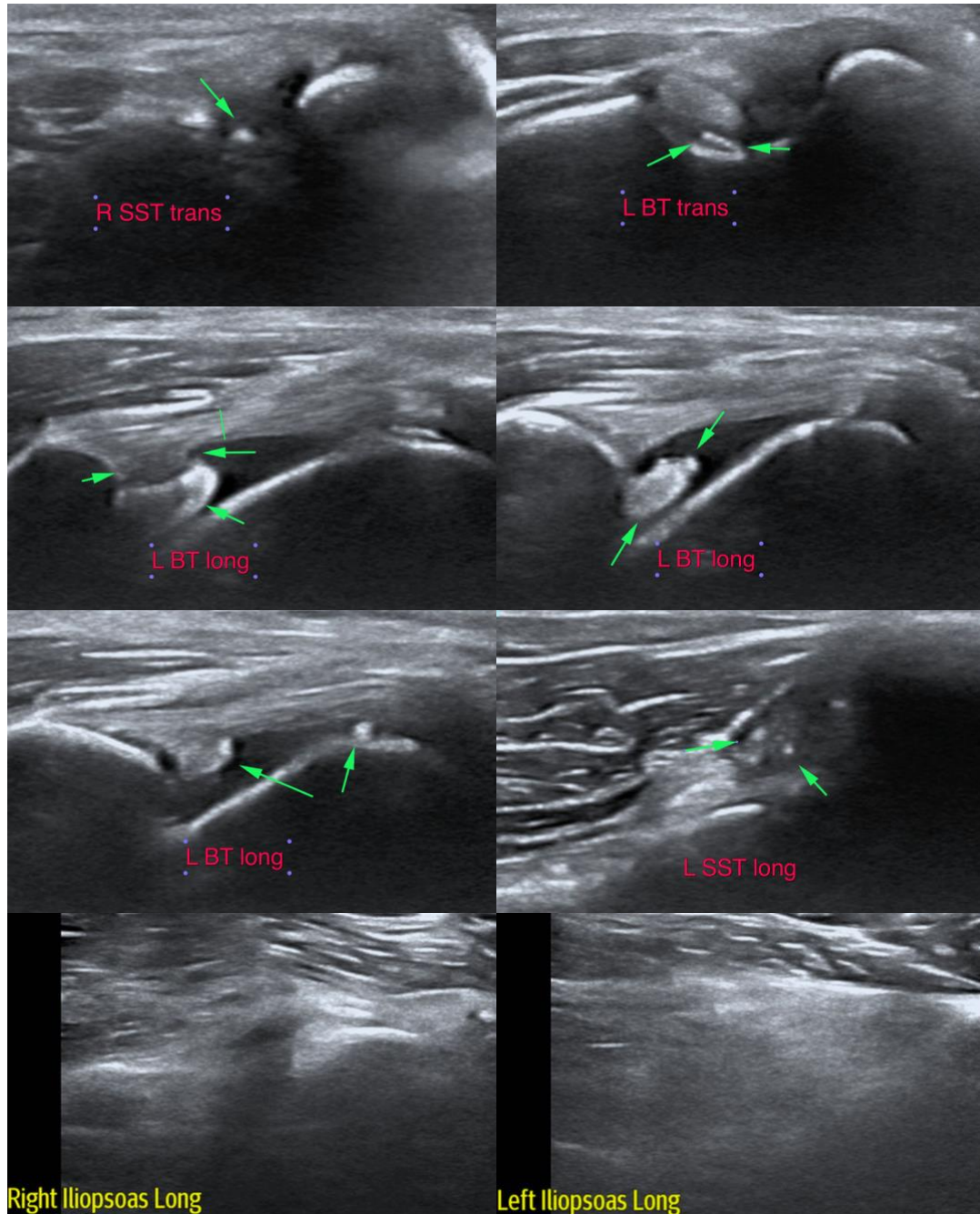
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if



PATIENT I can be of any further assistance please contact me.

Via Collins

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