



PATIENT

Wally Webb

SPECIES

Canine

BREED

Gr Pyreneese X

SEX

MI

AGE

7 Months

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Buck AH

REFERRING VET

Yenssen

INVOICE

48271

DATE

11-5-21

PRESENTING CLINICAL SIGNS

Presented the beginning of October for limping on and off. Seemed worse when first got up and after jumping and running. Limping on front right. No evidence of pain with palpation of long bones or joints, no heat or swelling. Recommended rest and NSAID - hard to do Back in for radiographs. Obvious limp this time, no pain on palpation when awake. Took comparison rads currently on: Onsior 40 mg SID, cefaseptin 750 mg BID

Abnormal PE/Chem/CBC/UA Results: rads: No obvious lesions observed at the shoulder, elbow or carpus. Long bones appear normal. Possible decreased opacity along distal edges of ulna? (rads attached)

ULTRASONOGRAPHIC FINDINGS

The musculature, fascia and course of the displayed peripheral nerves and vessels of the forearms are bilaterally inconspicuous.

Left shoulder:

Near the supraspinatus insertion a subfascial cystic lesion of 0.9 x 0.6 cm is recognized. The content is anechoic with tiny hyperechoic spots. The infraspinatus muscle and tendon are unremarkable.

Joint space and biceps tendon are inconspicuous as far as can be assessed. The MT transition is inconspicuous.

Right shoulder:

The supraspinatus tendon shows mild metaplastic calcifications at the level of its insertion. The latter appears subjectively mildly swollen.

The joint space and the biceps tendon show no particular findings. The displayed biceps tendon is unremarkable in course and seen in continuity without signs of a partial-/rupture. The MT transition is inconspicuous with mild formation of exostosis of the bicipital groove.

ULTRASONOGRAPHIC DIAGNOSIS

- Cystic lesion of the supraspinatus muscle/fascia on the left
- Right sided calcifying tendinopathy of the supraspinatus
- Right sided mild exostosis of the bicipital groove

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The detected cystic lesion on the left shows no signs of a florid/active process as seen with myositis or acute traumatic rupture. The latter still is a potential diagnosis and may represent residual partial-/microrupture (FNA/cytology?).



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The metaplastic calcifications of the right supraspinatus insertion and the exostosis of the bicipital groove are commonly secondary/incidental findings all consistent with chronic and degenerative joint disease. These may be due to chronic improper load/activity and/or primary elbow disease.

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The assumed swelling of the supraspinatus insertion on the right may result in temporary/dynamic impingement of the biceps tendon and lead to secondary tendinitis.

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A diagnostic as well as a therapeutic (ultrasound guided) intraarticular injection could be the next step.

TECHNICAL COMMENTS

SEX

MI

Hey Dr. Reschny! Well performed study! 2-3 loops of each region are commonly sufficient for diagnosis. Please try to rotate the shoulder joint outwards while scanning the biceps tendon. You should recognize the biceps origin then as well as the joint space. Thanks for this study, best regards, Sebastian

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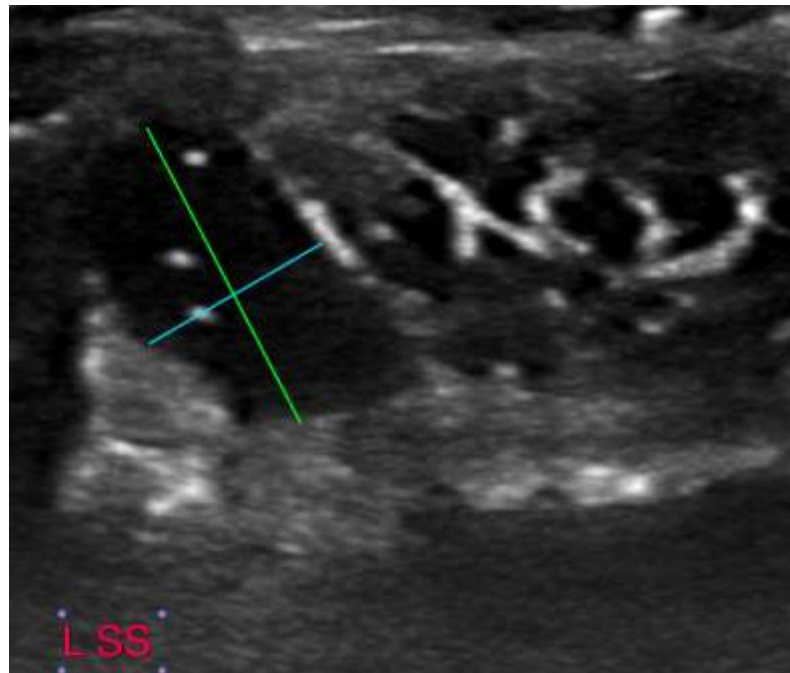
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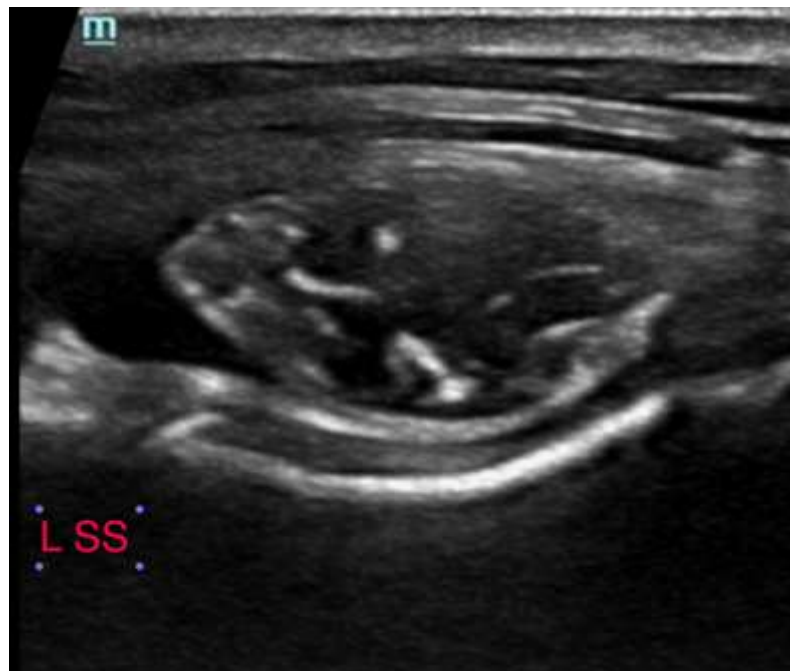
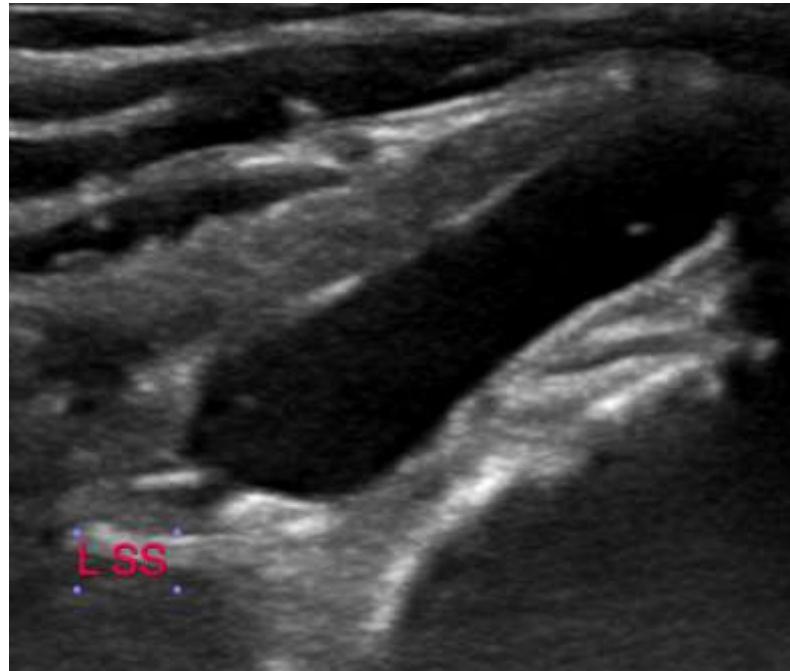
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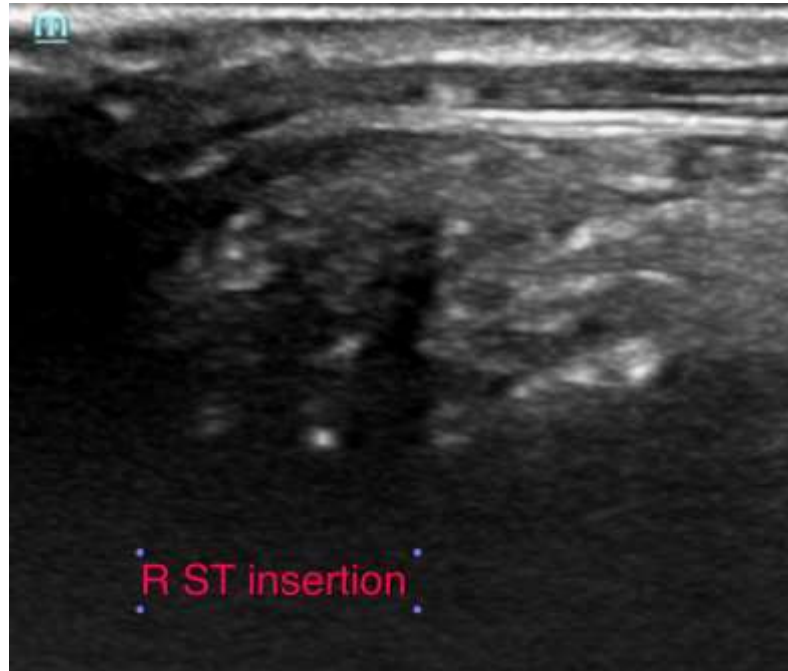
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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