



PATIENT

Penny Welch

SPECIES

Canine

BREED

Pyreneese/GSD/Dane
Mix

SEX

Spayed Female

AGE

2 Years

WEIGHT

78.8 pounds

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Janice McConnell

HOSPITAL NAME

Stride Canine
Rehabilitation &
Fitness Center

REFERRING VET

Dr. Janice McConnell

INVOICE

14336

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- Forelimb lameness that developed 12/2025 - owner reports RTL lameness, although LTL lameness seen on rehab evaluation. No historic video to review, so possible bilateral. Resolves with rest and recurs with return to activity.

Abnormal PE/Chem/CBC/UA Results: Bilateral shoulder pain on exam, left worse than right. Grade 1/5 LTL lameness in clinic and on video taken at home after evaluation. Pain with shoulder flexion and supraspinatus stretch bilaterally (L>R); and with Medial shoulder testing on the left. Radiographs taken at RDVM of shoulders and elbows are normal.

ULTRASONOGRAPHIC EXAMINATION OF THE RIGHT & LEFT SHOULDER

ULTRASONOGRAPHIC FINDINGS

Left shoulder:

The supraspinatus tendon appears subjectively mildly swollen with partial contact to the biceps tendon and causing subtle impression of the latter.

The joint space and biceps tendon sheath show mild anechoic effusion. The biceps tendon is unremarkable in course and seen in continuity without signs of a partial-/rupture. Beneath the biceps tendon hyperechoic fibrous tissue is recognized.

The bicipital groove and MT transition are inconspicuous.

Right shoulder:

The changes noted on the left side are similar on the right but less obvious. The infraspinatus muscle appears mildly hyperechoic with an inconspicuous muscle pattern. The infraspinatus and teres minor tendon are unremarkable.

ULTRASONOGRAPHIC DIAGNOSIS

- Suspected bilateral tendinopathy supraspinatus with suspected subtle biceps impingement left > right
- Subtle and bilateral anechoic joint effusion
- Bilateral synovial hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickening of the supraspinatus insertion on both sides is a subjective impression, which is more prominent on the left than on the right side, which would match with the reported clinical symptoms. Insertion tendinopathy of the supraspinatus muscle is a common differential with secondary impingement of the biceps tendon under dynamic conditions.

The hyperechoic material beneath the biceps tendon on both sides represents synovial hyperplasia, which is consistent with a more chronic and degenerative joint disease and due to a chronic improper load/activity and/or joint instability. Partial-/rupture of the biceps tendon is not noted.



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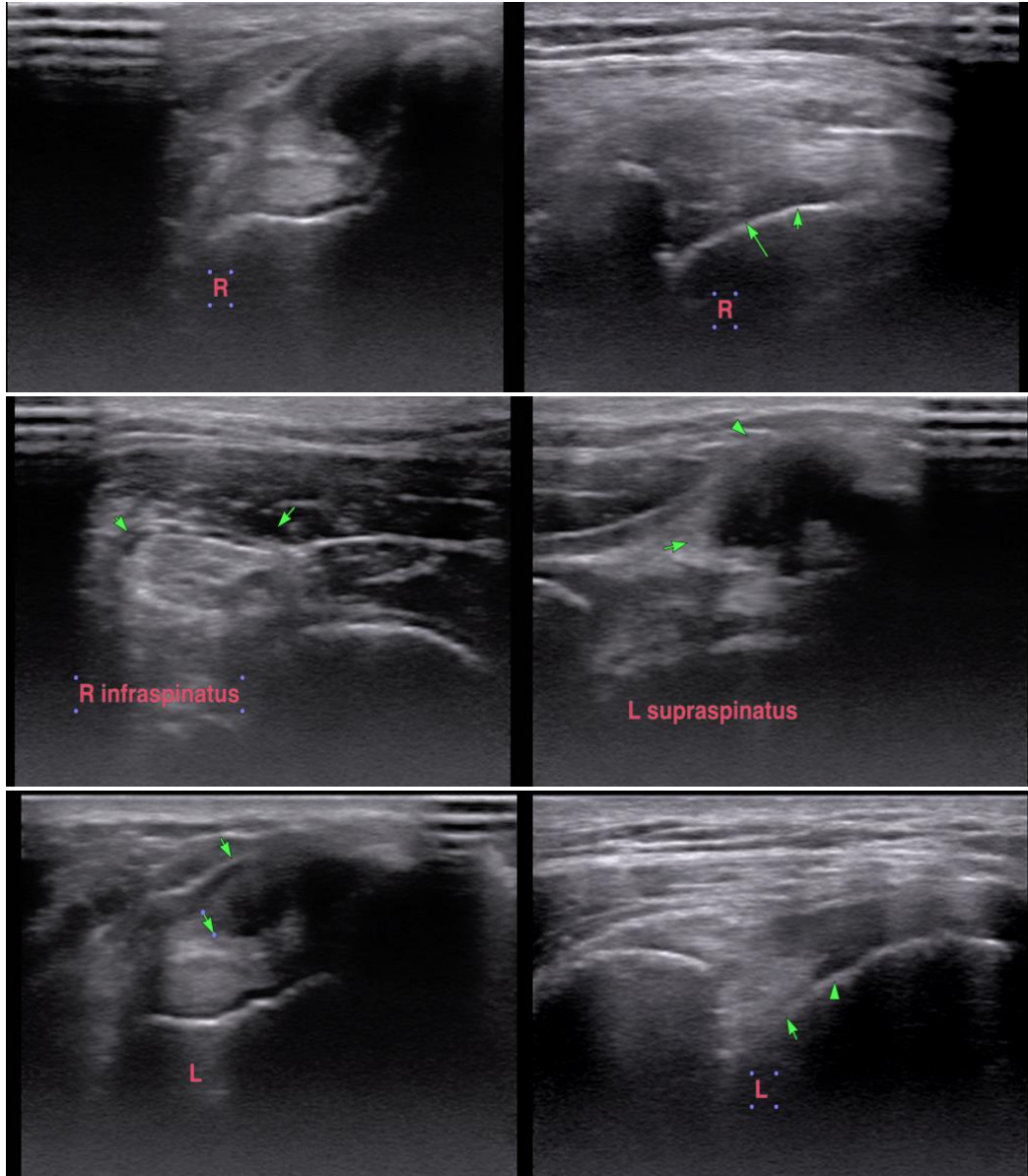
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The questionable hyperechoic infraspinatus muscle on the right side is likely an artificial finding and currently not consistent with fibrosing myopathy.

The sonographic findings must be correlated with the clinical presentation. Another primary lesion, for example at the level of the elbow joints or the cervical spine, still is possible.



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.



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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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com