



**PATIENT PRESENTING CLINICAL SIGNS**

**Bentley Rodwin** History: US of shoulders - chronic LTL lameness, RTL sore shoulder no lameness HX sx for L OCD shoulder 2020 HX sx for L FMCP elbow 2020

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Painful elbow flexion bilateral, painful SUP stretch bilateral Marked reduced flexibility biceps LTL with thickening at insertion Diagnoses suspected: Bilateral SUP tendonopathy - chronic - L > R L mod biceps tendonopathy L mod shoulder OA

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE SHOULDERS**

**BREED Right Shoulder**

**Bernese Mtn. Dog** The supraspinatus tendon shows moderate metaplastic calcifications at the level of its insertion, which appears mildly swollen but without contact/impingement of the biceps tendon.

**SEX** The infraspinatus tendon is unremarkable.

**Neutered Male** The joint space and sheath of the biceps tendon show subtle, anechoic effusion.

**AGE** The biceps tendon is unremarkable in course and seen in continuity without signs of a partial-/rupture. The tendinous texture is subtly inhomogeneous. The MT transition is inconspicuous without relevant formation of exostosis of the bicipital groove.

6 Years

Supra- and infraspinatus muscles are unremarkable presenting normal fishbone texture.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**Left Shoulder**

The supraspinatus tendon shows moderate metaplastic calcifications at the level of its insertion and appears subjectively swollen without relevant contact to the biceps tendon. In contrast to the right, calcifications appear more prominent and larger. The infraspinatus tendon is unremarkable.

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Joint space and the sheath of the biceps tendon show mild, anechoic effusion. The biceps tendon is unremarkable in course and seen in continuity without signs of a partial-/rupture. The tendinous texture is mildly inhomogeneous. The MT transition is inconspicuous with mild formation of exostosis of the bicipital groove.

**REFERRING VET**

Dr. Bartling

**ULTRASONOGRAPHIC DIAGNOSIS**

- Bilateral calcifying tendinopathy of the supraspinatus more obvious on the left
- Mild anechoic joint effusion on the left
- Bilateral inhomogeneous tendinous texture biceps tendon

**INVOICE**

16154

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

6/16/22



**PATIENT**

Bentley Rodwin

The metaplastic calcifications of the supraspinatus insertion are commonly secondary/incidental findings as well as the mild effusion, all consistent with chronic and degenerative joint disease. More prominent on the left this may be due to chronic improper load/activity and/or primary elbow disease.

**SPECIES**

Canine

The assumed swelling of the insertion could lead to dynamic impingement and indicates an active process as seen with inflammatory calcifying tendinopathy. The mildly inhomogeneous texture of the biceps tendon is consistent with a mild and most likely chronic, degenerative tendinopathy.

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

**BREED**

Bernese Mtn. Dog

**TECHNICAL COMMENTS**

Well performed study! Please try to stress/stretch the biceps tendon more to get a better intraarticular view. This allows better assessment of the joint effusion (quantity/quality, dissecats), relation to the SP insertion and capsule. For GHIL instructions I will forward your request to Nele! In my experience biceps insertion pathology is almost always a concomitant finding with medial coronoid process lesions which are safely detected and assessed with X-rays and/or tomography.

**AGE**

6 Years

**INTERPRETED BY**

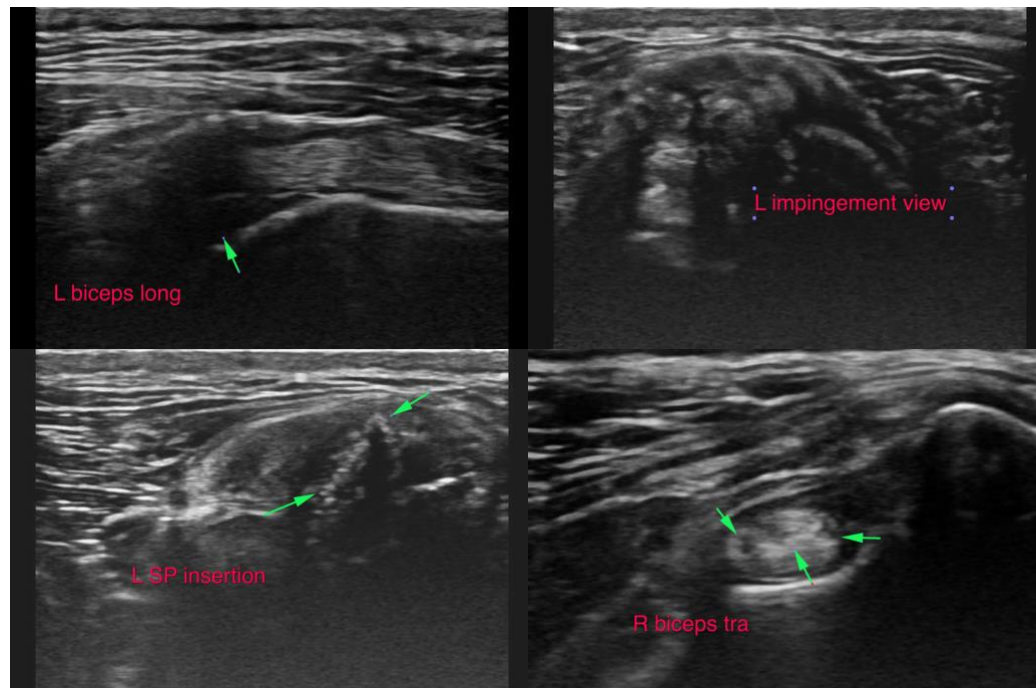
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**PATIENT**

Bentley Rodwin

**SPECIES**

Canine

**BREED**

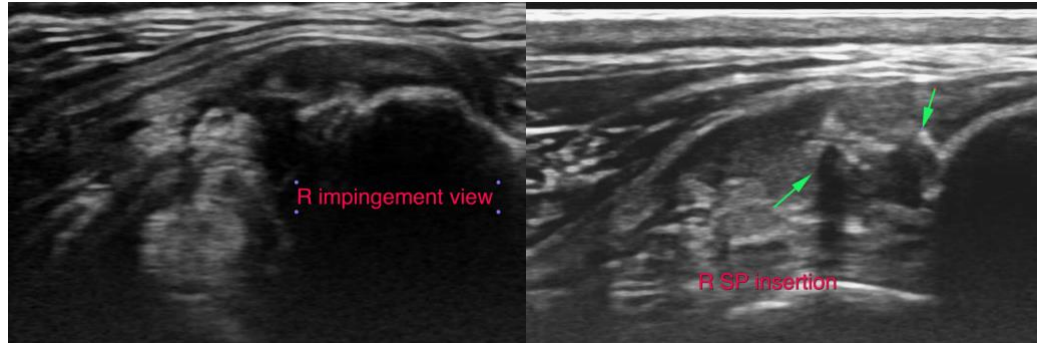
Bernese Mtn. Dog

**SEX**

Neutered Male

**AGE**

6 Years



**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.

**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging  
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