



PATIENT

Kula Hynes

PRESENTING CLINICAL SIGNS

Intermittent RFL lameness with palpable pain of biceps groove bilaterally. No instability was found under sedation, and in-house radiograph interpretation revealed no abnormal findings

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Right shoulder:

BREED

Lab X

The insertion of the supraspinatus tendon presents swelling, marked and multiple metaplastic calcifications. Distal to the insertion of the infraspinatus tendon mild accumulation fluid is noted. The infraspinatus tendon is seen in continuity and intact with a regular fibrillar pattern.

SEX

FS

Joint space and the sheath of the biceps tendon present moderate effusion with synovial hyperplasia. The biceps tendon is unremarkable in course and seen in continuity showing an irregular echotexture with multiple small cystic lesions. The bicipital groove reveals mild formation exostosis. The MT transition is inconspicuous.

AGE

5 Years

Left shoulder:

The insertion of the supraspinatus tendon presents mild and small metaplastic calcifications. The infraspinatus tendon and -insertion are inconspicuous.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

The joint space and the sheath of the biceps tendon show mild effusion and synovial hyperplasia. There is a single hyperechoic structure noted at the level of the joint space. The biceps tendon is mildly irregular but intact and seen in continuity. Mild exostosis of the bicipital groove and the proximal humeral head is recognized. The MT transition is inconspicuous.

HOSPITAL NAME

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ULTRASONOGRAPHIC DIAGNOSIS

- Moderate joint effusion on the right with synovial hyperplasia and moderate degenerative changes of the biceps tendon, the insertion of the supraspinatus tendon and suspected bursitis at the level of the infraspinatus insertion
- Mild joint effusion on the left with synovial hyperplasia and suspected metaplastic synovial calcification/small mineralized dissecate, and mild degenerative changes of the biceps tendon and the supraspinatus insertion

REFERRING VET

David Lane

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographic findings do match with the reported clinical right sided symptoms. Both shoulders show chronic degenerative changes. Bursitis, impingement of the biceps tendon due to the metaplasia of the supraspinatus insertion and biceps tendinitis/tendovaginitis are potential differentials and more prominent on the right. The “cystic” lesions of the right biceps tendon are not typical for a core lesion which is commonly recognized with partial-/micro-ruptures, I therefore assume moderate degenerative lesions since the fibrillar pattern is still intact.

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The mineralized “fragment” in the left joint space may represent calcified synovial tissue or calcified cartilage (juvenile OCD?). A partial avulsion of the biceps tendon is possible as well, but this has to be correlated with the clinical presentation. I do not suspect the latter.

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A diagnostic and therapeutic intraarticular injection in the right shoulder could be the next step (for example triamcinolone or dexamethasone).

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SEX

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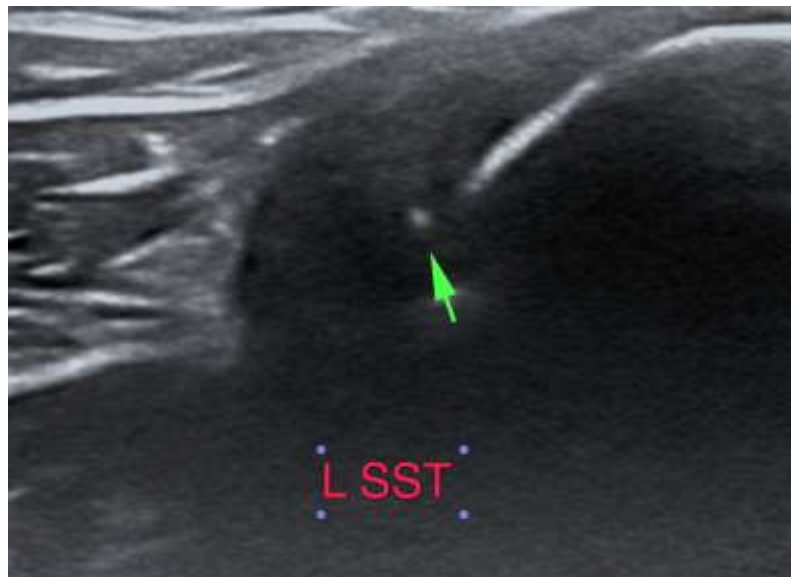
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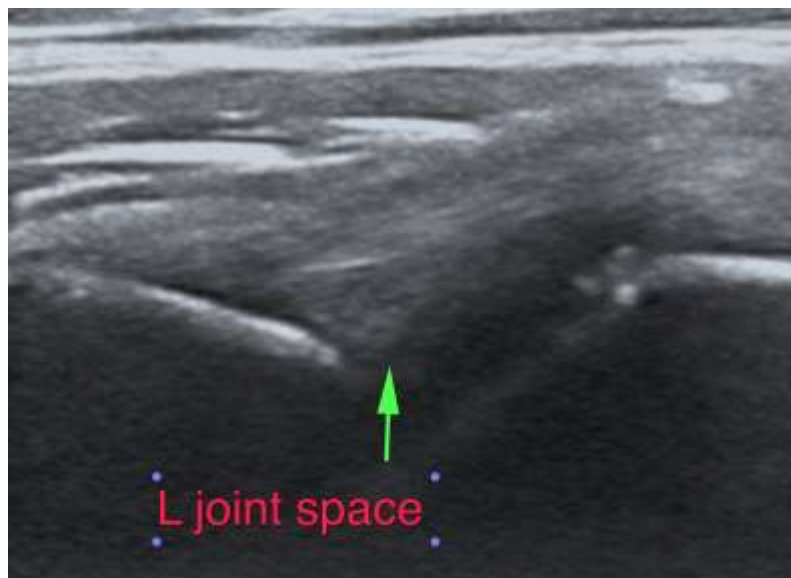
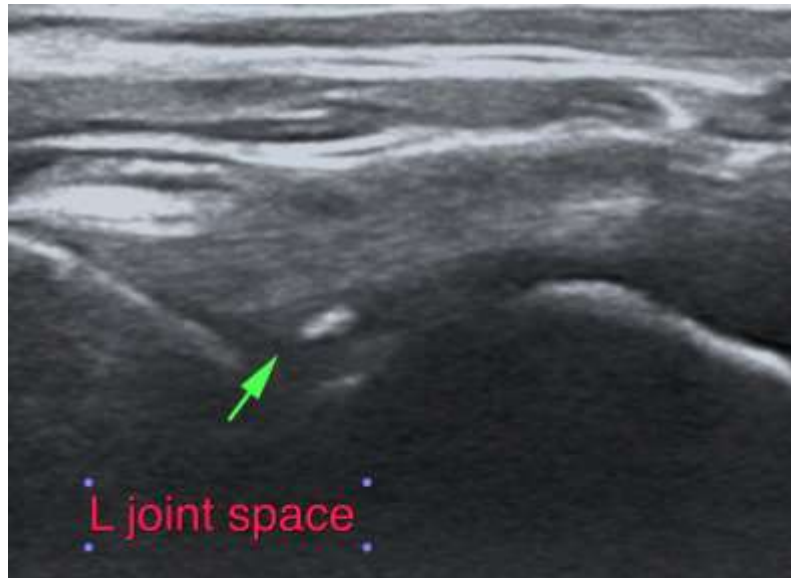
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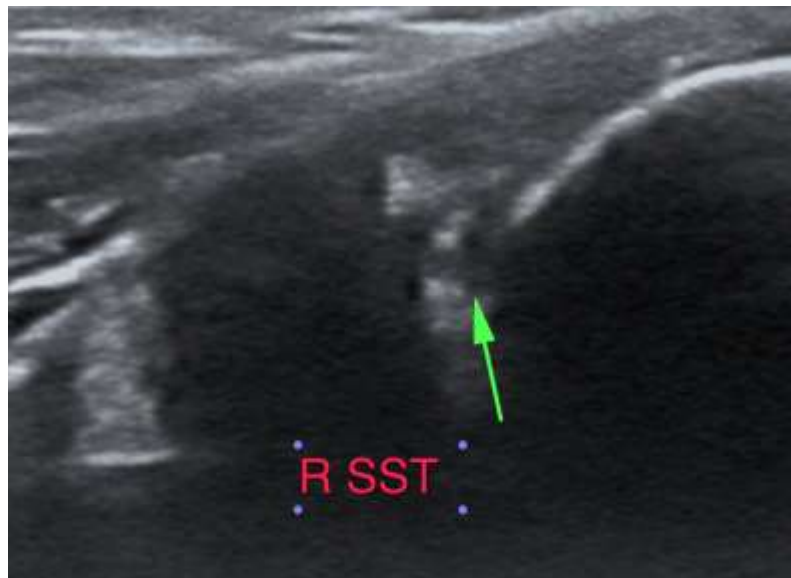
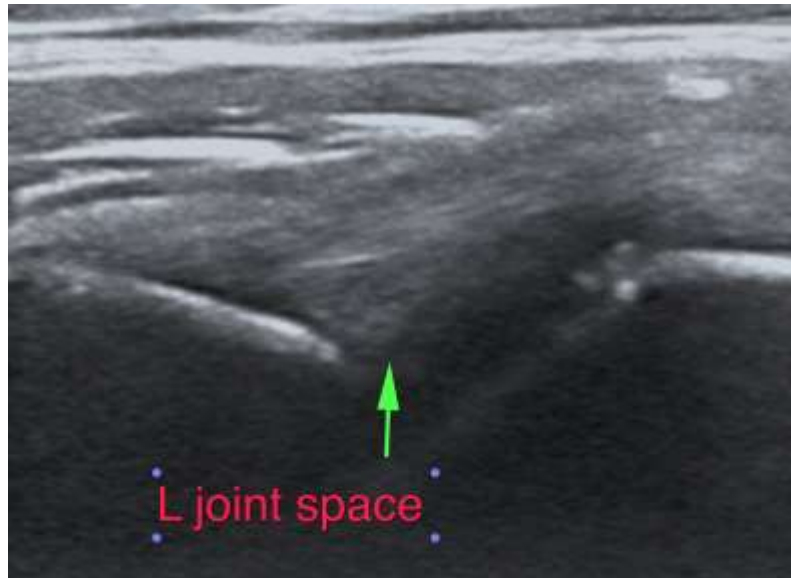
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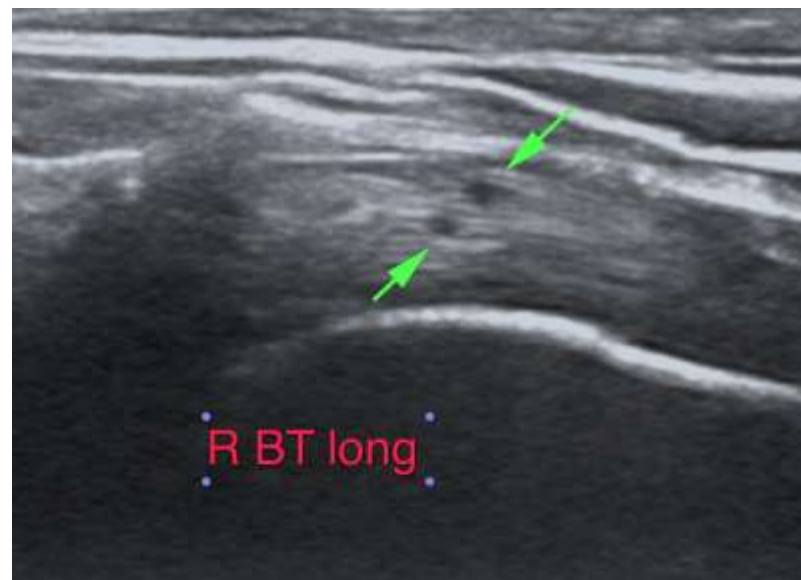
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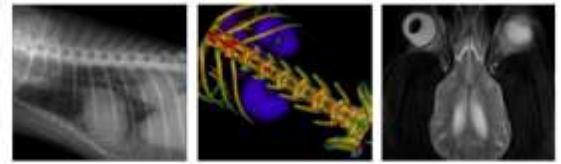
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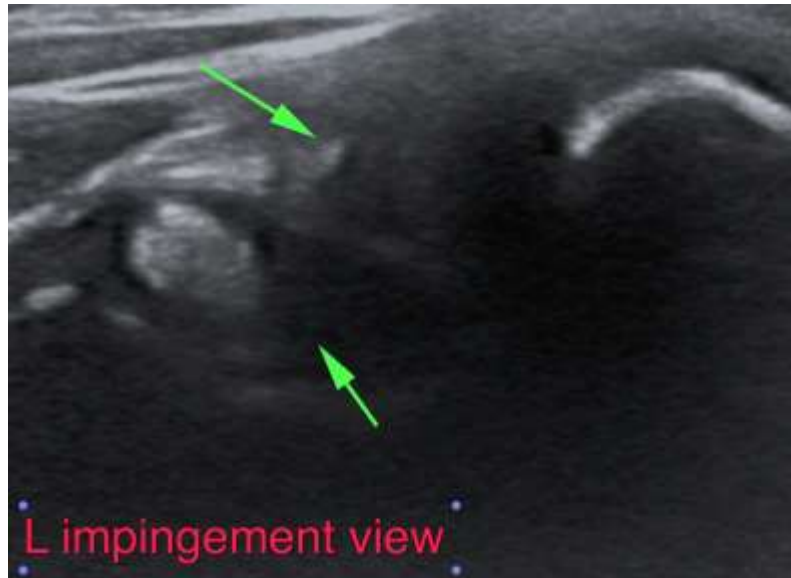
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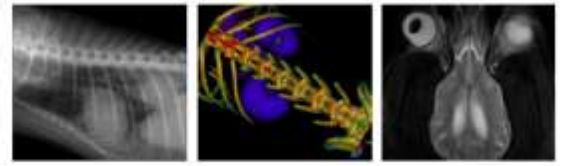
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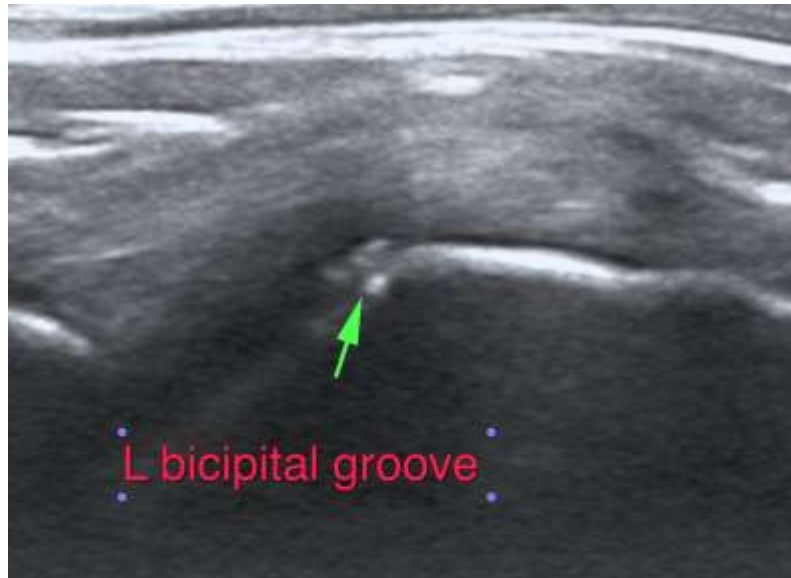
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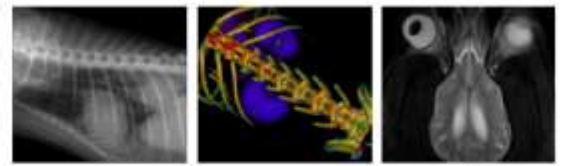
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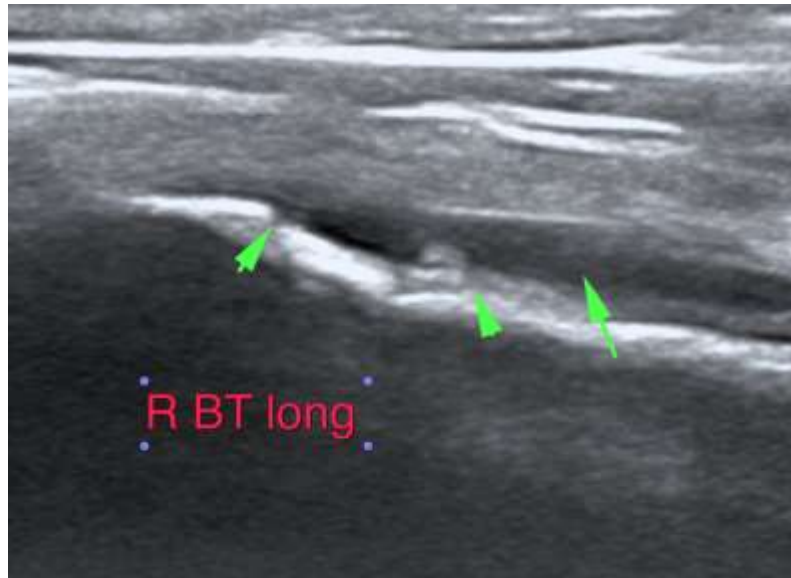
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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