# DIAGNOSTIC IMAGING OF CANINE SPORTS MEDICINE AND REHABILITATION PATIENTS

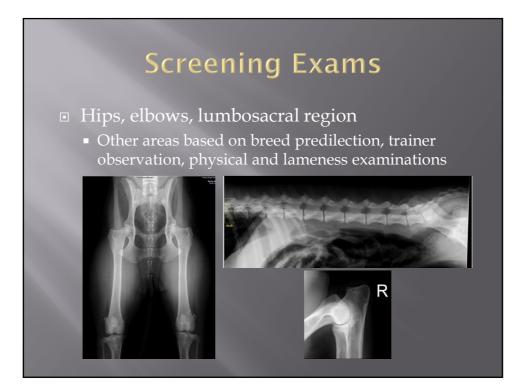
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# Agenda

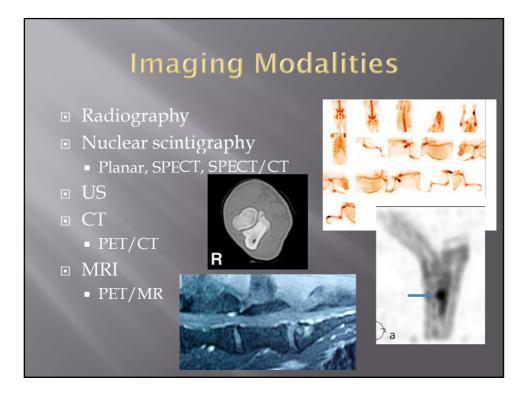
- Common injuries
  - Focus on soft tissue
- Importance of screening exams
- Numerous imaging modalities
  - Often multiple pathways to diagnosis
- Case Examples
  - Forelimb lameness
  - Whole body advanced imaging

# **Common Injuries**

- Scientific and non-scientific reviews
  - Large numbers but possible over-representation of some breeds and activities (e.g., border collies, agility)
- Trends
  - Assuming normal conformation
  - Shoulder and back > neck > stifle > elbows
  - Strains/sprains often dominant complaint
    - Tendon/muscle and ligament injuries







# **Imaging Options**

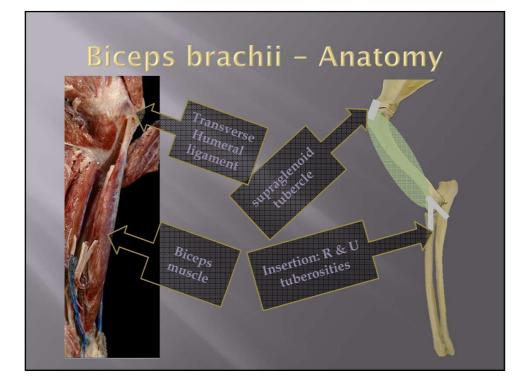
- Step-wise imaging plan based on:
  - Availability (radiography and ultrasound)
  - Expense & cost:benefit ratio (failure of other modalities or benefit for surgical planning)
- Tendon/muscle and ligament injuries
  - Radiography laxity, mineralization, lysis, avulsion
  - US fiber alignment, effusion, swelling, mineralization
  - MRI free fluid, effusion, hemorrhage
  - PET increased cellular respiration/metabolism

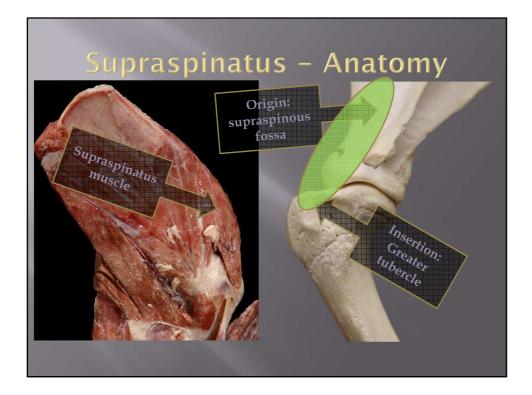
## Case example - forelimb

- Phalanges
- Carpus
- Elbow
- Shoulder / Scapulohumeral joint
  - Medial shoulder instability (MSI)
  - Osteochondritis dissecans (OCD)
  - Biceps tendinopathy
  - Fibrotic myopathy of the infra- or supraspinatus m.
  - Fractures of humerus or scapula

# Case example - forelimb

- 5 year old, MN, Golden Retriever
- History of forelimb lameness
- Recent worsening of lameness despite:
  - Glucosamine CS, Omega 3-fas, Tramadol, Rimadyl, Gabapentin, Adequan
- Physical Exam
  - Pain both elbows (mild pre-existing elbow dysplasia)
  - + biceps test (L>R)





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# **Biceps/Supraspinatus**

### Typical presentation

- Signalment: Middle-aged, medium/large breed athletic dogs
- History: progressive lameness (NWB with partial acute avulsion), exacerbated with exercise
- Frequently bilateral but unilateral lameness (especially supraspinatus)
- Differential diagnoses
  - ED/DJD rads +/- CT for adult-onset (also NM)
  - OA, proximal humerus OSA rads
  - Neuro (including brachial plexus tumor)
    - Check reflexes, proprioception, axillary pain



Diagnosis – Radiographs:

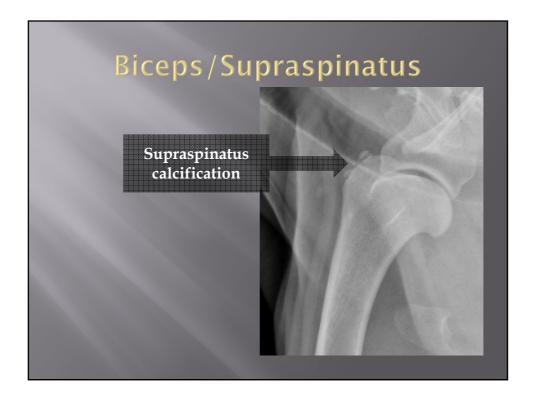
- Calcifying tendinopathies :
  - Lateral view
  - Caudocranial view
  - Skyline view (intertubercular groove)
- Diagnosis Ultrasound:
  - Calcified and non-calcified tendinopathies
  - Dynamic

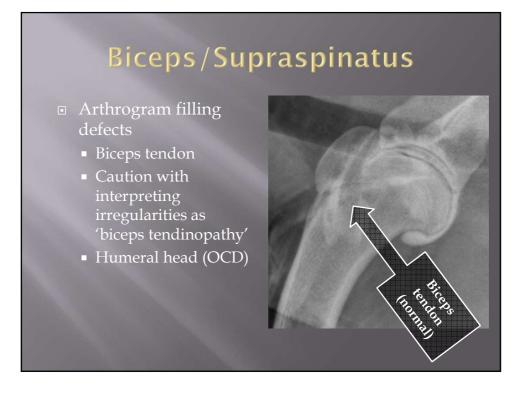


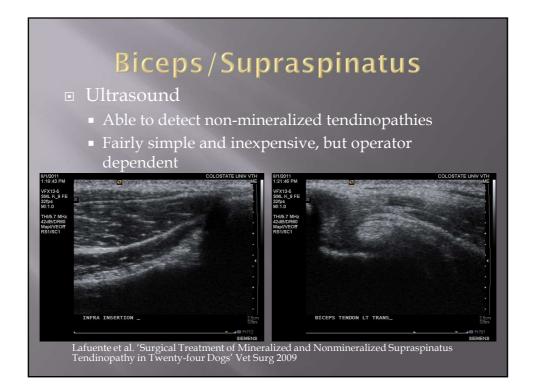
Fossum, Theresa W. Small Animal Surgery Textbook, 4th Edition. Mosby, 2013.

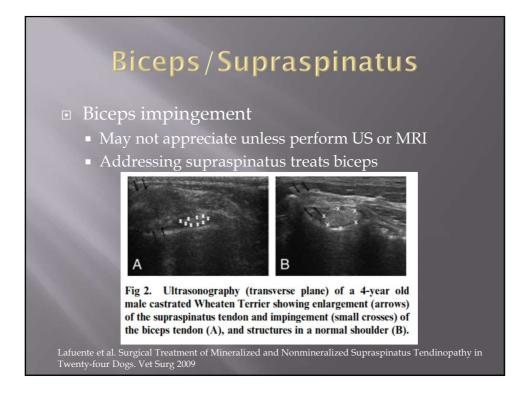












### 20/03/2015

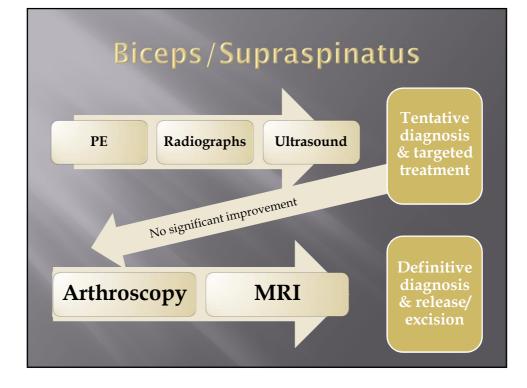
# Biceps/Supraspinatus

### **BICEPS TREATMENT**

- PT/Rehab
- Medical
  - 5mg Triamcinolone (shorter duration, safe)
- Surgical
  - Tenodesis
    - Open
    - Tenotom
      - Scope/ultrasound

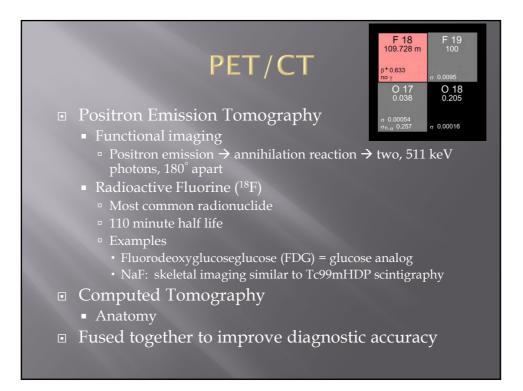
### SUPRASPINATUS TREATMENT

- PT/Rehab
- Medical
  - Shock wave
  - Stem cells/PRP?
- Surgical
  - Tendon resection
  - Release of transverse humeral ligament
  - Release incisions in supraspinatus



# Case example - whole body

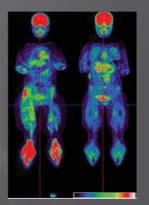




# References

- Asymmetric glucose uptake in leg muscles of patients with Multiple Sclerosis during walking detected by [18F]-FDG PET/CT. Rudroff et al. (2014) Neuro Rehabilitation 35:813-823.
- PET/CT imaging of age- and task-associated differences in muscle activity during fatiguing contractions. Rudroff et al. (2014) J Appl Physiol 114:1211-1219.





Integrative Neurophysiology Laboratory http://www.inplab.chhs.colostate.edu/index.aspx

# PET/CT Pilot study in canine patients <sup>18</sup>F-FDG musculoskeletal imaging Lameness with ill-defined clinical signs Prior to the PET/CT scan Consistent, regular activity during the week preceding the PET/CT scan All medications are continued without interruption Fasting overnight prior to morning anesthesia Leash-walking prior to anesthesia Clinical patients with no treadmill experience Blood glucose evaluation

# PET/CT

### ■ Day of the PET/CT scan

- <sup>18</sup>F-FDG intravenous injection
  - 60-minute uptake time
  - Whole body CT
    - Additional bone algorithm in area of interest (e.g., elbows)
  - Whole body PET scan
  - Whole body contrast-enhanced CT
- Recovery from anesthesia is monitored in the nuclear medicine ward
- Released by the end of the day (<20µSv/hr)</li>



■ 1st of 12 musculoskeletal imaging patients

- History of elbow dysplasia
- Contralateral muscle uptake due to compensation
- Research benefit  $\rightarrow$  proof of concept
- Client/Patient benefit → bilateral, high detail elbow/shoulder CT
- □ 5yo, FS, Lab, 33.9kg
- 210 MBq (5.68 mCi) <sup>18</sup>F-FDG
  - Range 5.2-6.3 MBq/kg (0.14-0.17mCi/kg)

