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“Samantha” - Torn Biceps Tendon

Samantha is a 2-year-old spayed female Doberman/Rottweiler. She presented with an acute onset of left foreleg lameness and pain. Physical examination revealed resistance to flexion of the elbow and shoulder. Radiographs of the elbow were unremarkable and radiographs of the left shoulder indicated possible “fuzziness” (Figure 1) in the area of the bicipital (biceps) tendon sulcus (groove). She was treated with pain medication and seemed to improve over the next eight days. Then Samantha jumped over a fence and re-aggravated the lameness. She was treated with additional pain medication, but that seemed to reduce her appetite, so it was discontinued.

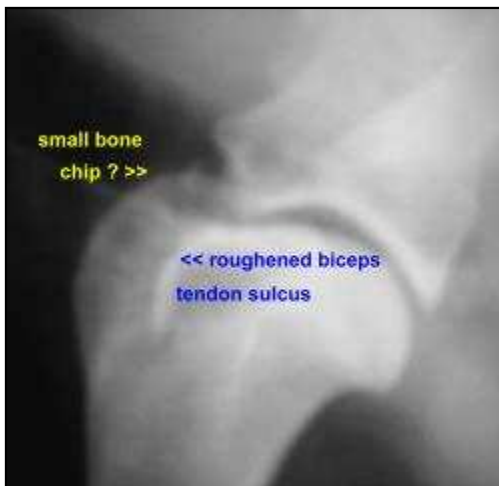


Figure 1. Left shoulder, showing a possible bone chip and a roughened biceps tendon sulcus.

One month after her initial presentation, Samantha came in for a re-evaluation. Her lameness seemed less severe, but persistent. She growled at the owner when he bumped her in the left shoulder area. Palpation of the left shoulder elicited definite discomfort. A left shoulder arthrogram was performed (Figures 2 & 4). The arthrogram definitively indicated a problem in the area of the bicipital tendon. Compared to a normal arthrogram (Figures 3 & 5), there was no contrast filling of Samantha’s left bicipital tendon sheath. This suggested that

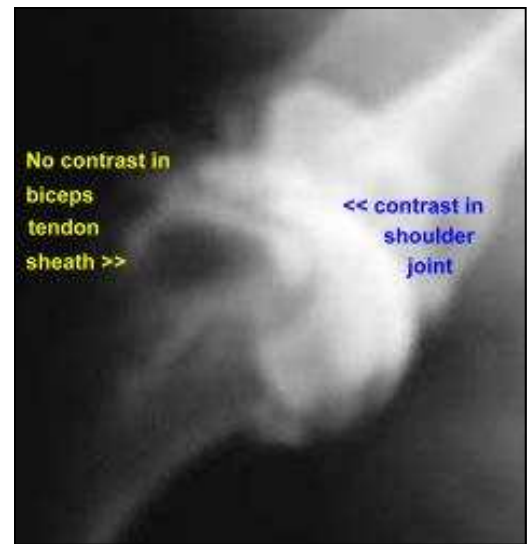


Figure 2. Arthrogram of left shoulder, showing no contrast in bicipital tendon sheath.



Figure 3. Arthrogram of a normal shoulder (Lateral)



“Samantha” cont.



there was something occluding the flow of contrast into the sheath (likely scar tissue), so surgery was recommended. Additionally, tendon injuries can be diagnosed and evaluated using ultrasound.

Surgical exploration of the left bicipital tendon revealed a swollen sheath with at least 50% of the tendon torn in the area of the sulcus. The sheath was scarred down and very inflamed. The joint fluid was blood-tinged, pinkish in color. We dissected to an area of normal tendon, drilled a hole in the proximal humerus bone, the anchored the tendon to the bone with a screw and a plastic spiked washer. The spiked washer “crimped” the tendon to the bone (Figures 6 & 7). The damaged segment of tendon was resected and discarded. Her leg was put in a Velpeau (flexion, off-weight-bearing) sling for four weeks (Figures 8 and 9).



Figure 4. Arthrogram of left shoulder, showing no contrast in bicipital tendon sheath.



Figures 6 and 7, showing the screw and plastic spiked washer used to crimp the tendon to the bone.



Figures 5. (Anterior-Posterior) arthrograms



Figure 8 and 9, showing Samantha one day after the surgery with her leg in a Velpeau sling

