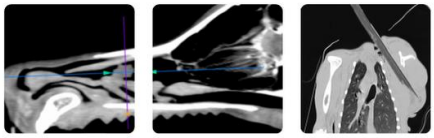

PATIENT

Kuruk Waja

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

7Y

WEIGHT

33kg

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

David Lane

HOSPITAL NAME

Points East West Veterinary Services

REFERRING VET

David Lane

INVOICE

73285

DATE

1-12-26

PRESENTING CLINICAL SIGNS

Chronic history (years) of palpable bilateral iliopsoas tendon pain. LFL lameness apparent since November - wax/waning and provoked by exercise. Repeated pain on palpation of the left latissimus dorsi muscle and bilaterally on the medial compartment.

ULTRASONOGRAPHIC FINDINGS

Left Iliopsoas Tendon

Partial loss of echoarchitecture and subtle decrease in echogenicity is seen focally within the mid segment of the left iliopsoas tendon approximately 10mm from the lesser trochanter. Mild irregularity of the tendon outline and mild overall thickening are also noted. The lesser trochanter appears normal.

The visible parts of the left coxofemoral joint present within normal limits.

Right Iliopsoas Tendon

The right iliopsoas tendon presents mild overall thickening and slightly irregular outline with no discrete loss of echogenicity or structural lesions. The lesser trochanter presents within normal limits.

The visible parts of the right coxofemoral joint present within normal limits.

Left Shoulder

Average maximum thickness of the left supraspinatus tendon is 8mm. Moderate internal echoarchitectural remodeling without evidence of calcification and without evidence of biceps impingement is seen.

The left biceps tendon sheath presents moderate thickening with anechoic effusion. No internal tendon lesions are seen. The medial glenohumeral ligament presents mild thickening towards its craniomedial aspect in the accessible ultrasonographic window.

The subscapularis tendon presents within normal limits.

Right Shoulder

Average maximum thickness of the right supraspinatus tendon is 8mm. Moderate internal echoarchitectural remodeling without evidence of calcification and without evidence of biceps impingement is seen.

No significant effusion or synovial thickening of the biceps tendon sheath is seen. No internal tendon lesions are seen. Mild overall thickening of the right medial glenohumeral ligament appears to be present.

The subscapularis tendon presents within normal limits.

ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral iliopsoas tendinopathy, L>R.
- Left biceps tenosynovitis.
- Suspect bilateral medial glenohumeral ligament desmopathy, L>R.

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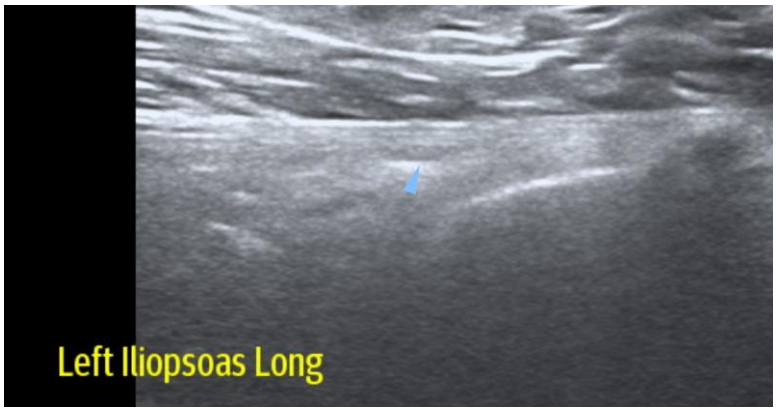
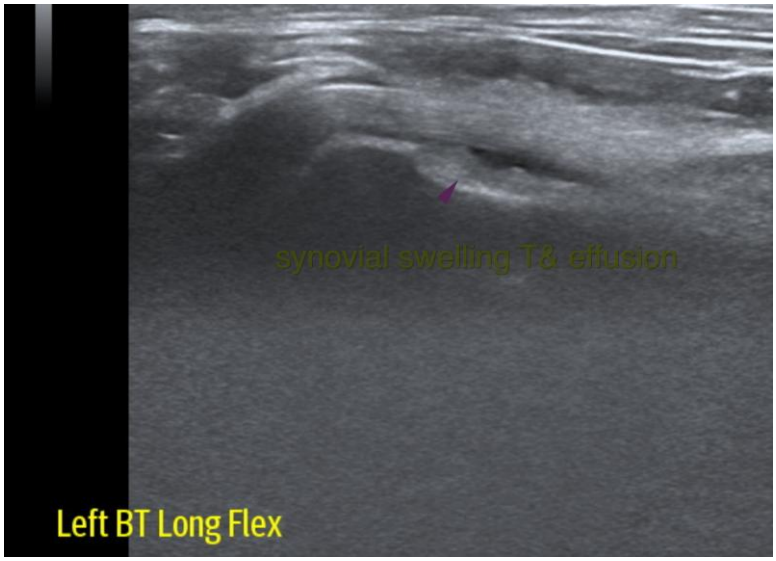
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The iliopsoas tendon changes appear to correlate with the patient's history of chronic hind limb lameness and suggest chronic degenerative tendinopathy or chronic repetitive micro trauma.

Note the presence of biceps tenosynovitis in the left shoulder as well as signs of potential chronic medial glenohumeral ligament remodeling or injury in both shoulders. The structural changes appear to be more pronounced or are better seen in the left shoulder. Clinical correlation is required.

Conservative management and physical rehab focused on iliopsoas and shoulder strengthening, stretching, and controlled activity modification could be considered. Appropriate analgesic and/or anti-inflammatory therapy is recommended as clinically indicated. Adjunctive biological treatment could be considered depending on the clinical correlation and response to prior treatment regimens as well.





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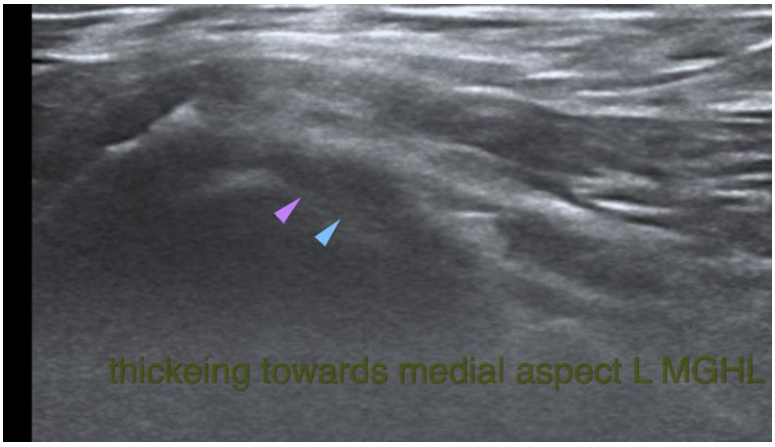

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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