



PATIENT

Kira Campbell

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

5Y

WEIGHT

26kg

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

73501

DATE

1-27-26

PRESENTING CLINICAL SIGNS

Chronic history of hind end pain flared by exercise. Manifests with lumbar kyphosis and reluctance to move. Very defensive and reactive on iliopsoas tendon palpation R>L

ULTRASONOGRAPHIC FINDINGS

Right Iliopsoas

Two small hypoechoic intratendinous foci measuring approximately 1.0-1.5mm in diameter each are seen within the right iliopsoas tendon. One is located at the tendinous insertion near the lesser trochanter, and one is located within the mid portion of the tendon. The overall fiber alignment, shape, and delineation of the tendon is preserved. Full thickness fiber disruption, tendon discontinuity, or peritendinous fluid accumulation are not identified.

Visible parts of the right coxofemoral joint present within normal limits.

Left Iliopsoas

The left iliopsoas tendon is normal for echogenicity and fibrillar pattern. No focal intratendinous abnormalities can be identified. Bone surface of the lesser trochanter presents within normal limits.

ULTRASONOGRAPHIC DIAGNOSIS

- Right iliopsoas tendinopathy with two small core lesions.
- Left iliopsoas tendon unremarkable on ultrasound. Early or low grade tendinopathy cannot be fully excluded.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings suggest intratendinous core lesions of the right iliopsoas tendon which represent focal areas of partial tendon fiber disruption and less likely chronic degenerative change. These lesions commonly develop as a result of repetitive overload, altered biomechanics, or acute on chronic strain injuries. Preservation of overall fiber alignment suggests partial thickness injury with maintained mechanical integrity. Correlation with prior or concurrent radiographic evaluation of the lumbosacral spine, pelvis, and hips is advised if available. Activity modifications, targeted rehabilitation, medical, and biological management can be considered and may be applied bilaterally (with the exception of biological treatment) even though no macromorphological changes are seen on the left at present.



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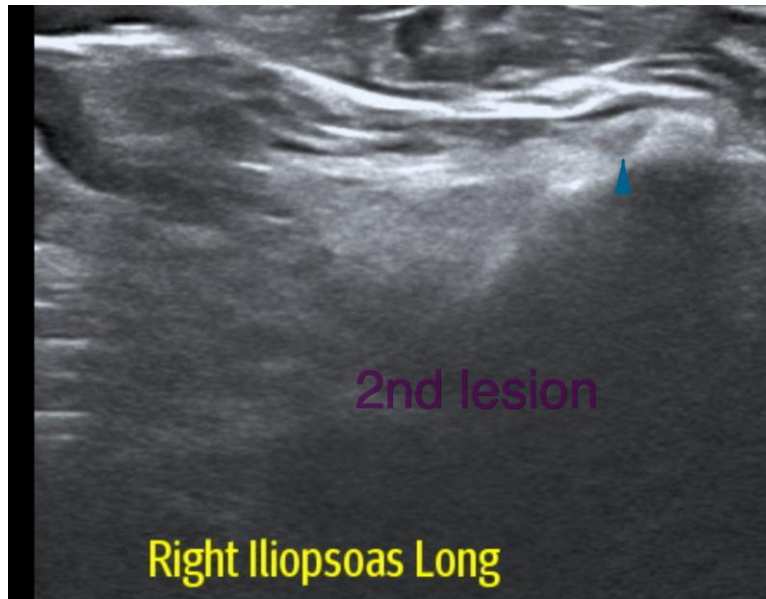
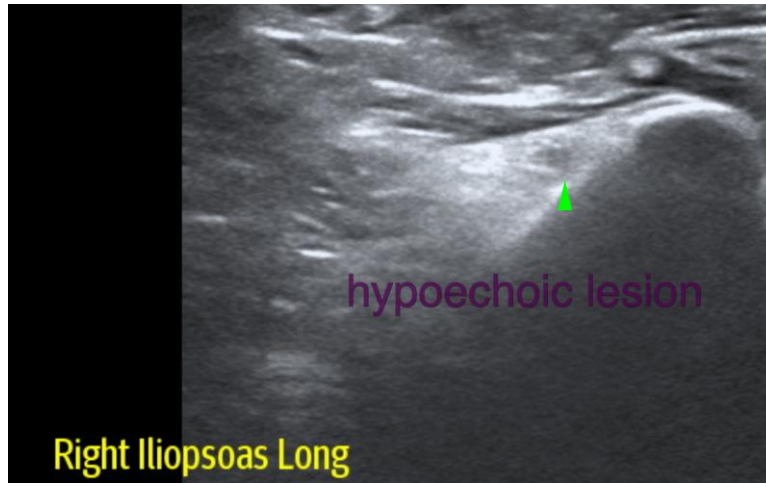
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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