



## PATIENT

Sam Gustavson

## SPECIES

Canine

## BREED

Portuguese Water Dog

## SEX

MN

## AGE

11Y

## 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

72761

## DATE

11-25-25

## PRESENTING CLINICAL SIGNS

Chronic history of hind end and iliopsoas tendon pain. Caudal lumbar and LS spondylosis evident on radiographs.

## ULTRASONOGRAPHIC FINDINGS

### Left Iliopsoas

The iliopsoas tendon shows mild thickening near its attachment at the lesser trochanter of the femur. A faint hypoechoic area is noted within the tendon close to the osseous attachment as well. Mild new bone formation is present at the lesser trochanter insertion consistent with chronic traction or enthesiopathy. The myotendinous junction and visible muscle present within normal limits.

The visible portions of the left coxofemoral joint are within normal limits as well.

### Right Iliopsoas

Slight thickening of the right iliopsoas tendon close to the attachment at the lesser trochanter is seen, however, less pronounced than on the left side. Mild adjacent bone remodeling at the trochanter is noted but less marked than on the left side too. Myotendinous junction and muscle present normal in echotexture and echogenicity.

Visible coxofemoral joint structures are unremarkable.

## ULTRASONOGRAPHIC DIAGNOSIS

- Mild iliopsoas tendinopathy with early enthesiophyte formation at the lesser trochanter of the left iliopsoas tendon.
- Mild iliopsoas tendinopathy of the right iliopsoas tendon less pronounced than the left side.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The bilateral iliopsoas tendons demonstrate mild chronic changes consistent with tendinopathy with the left tendon more affected. The findings are consistent with chronic overuse or repetitive strain which may be due to altered gait or hind limb mechanics as well as enthesiopathy at the lesser trochanters likely secondary to longer standing tendon traction. The faint hypoechoic changes within the tendon are likely to reflect low grade tendinopathy and less likely early degeneration rather than an acute tear. The combination with the known lumbosacral and caudal lumbar spondylosis suggest potential for multifactorial pain with contributions from both spinal and muscular sources.

Conservative management with NSAID treatment, controlled activity, physical therapy focused on iliopsoas stretching and strengthening, can be considered. The use of biological treatment can be considered as well.



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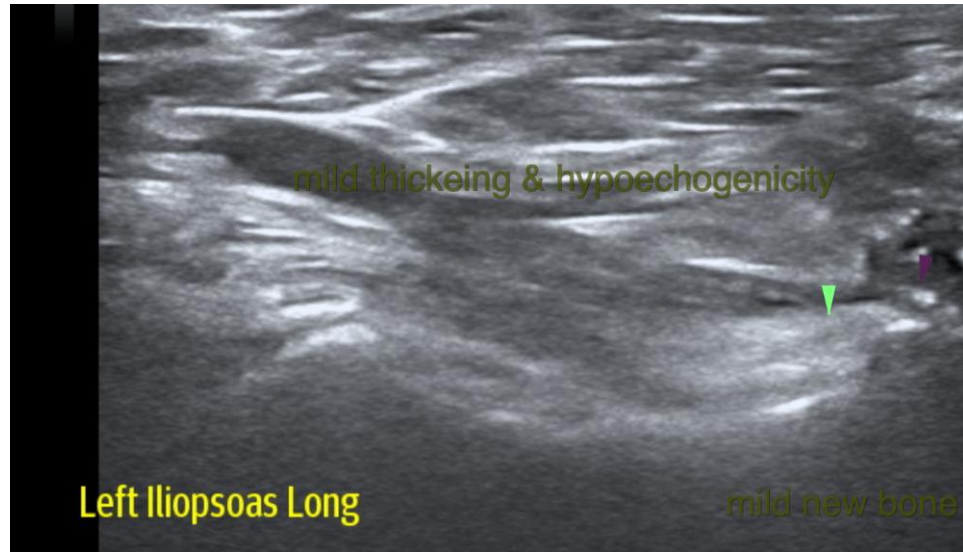
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
[info@sonopath.com](mailto:info@sonopath.com)