



PATIENT

Barrett Downs

SPECIES

Canine

BREED

Labrador Retriever

SEX

M

AGE

5Y

WEIGHT

32kg

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

72932

DATE

12-9-25

PRESENTING CLINICAL SIGNS

Active SAR dog with chronic intermittent RHL lameness flared by high level activity and resolves within a few days of rest. Treatment elsewhere for chronic recurrent lumbopelvic myofascial pain fails to fully resolve the issue. Examination found consistent pain on deeper palpation of the right iliopsoas tendon as the sole abnormal finding. Orthogonal lumbopelvic and stifle rads interpreted in-house are normal.

ULTRASONOGRAPHIC FINDINGS

Right Iliopsoas

Muscle and tendon fibers of the right iliopsoas present within normal limits. The echotexture and echogenicity are within expected limits with no evidence of focal fiber disruption, hypoechoic lesions, or calcifications. The tendon insertion at the lesser trochanter appears intact and smooth. The myotendinous junction presents within normal limits.

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

Left Iliopsoas

Muscle and tendon fibers of the left iliopsoas present within normal limits. The echotexture and echogenicity are within expected limits with no evidence of focal fiber disruption, hypoechoic lesions, or calcifications. The tendon insertion at the lesser trochanter appears intact and smooth. The myotendinous junction presents within normal limits.

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

ULTRASONOGRAPHIC DIAGNOSIS

- Normal ultrasonographic presentation of the bilateral iliopsoas tendons with no structural evidence of acute or chronic tendinopathy on ultrasound.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic examination is negative for detectable structural changes within the right and left iliopsoas despite the localized pain to the right iliopsoas. Potential explanations include changes below the detection threshold of ultrasound such as micro tears or early degenerative changes, referred or transferred pain, myofascial pain, pelvic instability, dynamic muscle strain during activity, and other. Clinical correlation, targeted rehabilitation, and physiotherapy can be considered along with activity modification and monitoring. Advanced imaging such as high-field MRI could be considered if the pain persists or worsens.



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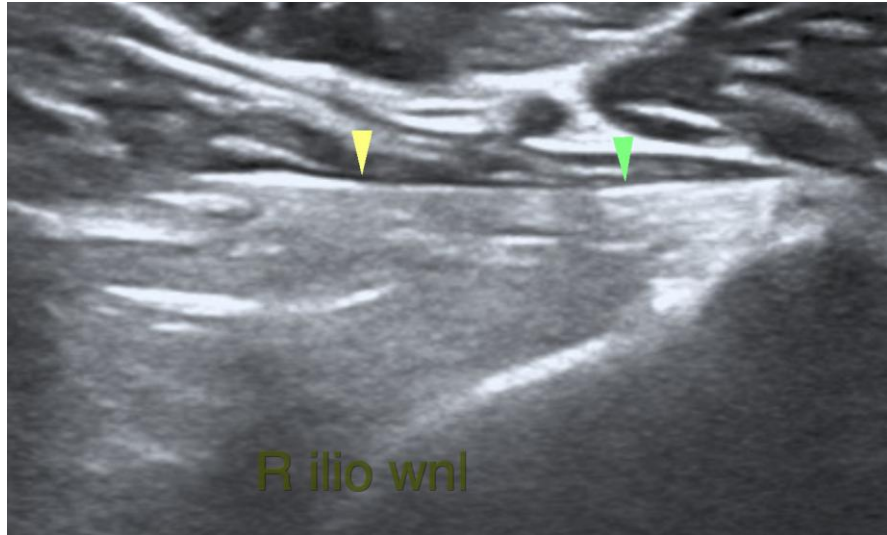
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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