



PATIENT

Ruby Westeinde

PRESENTING CLINICAL SIGNS

Sudden onset LHL lameness of 2m duration. Patient is very nervous and will not allow extension of the left stifle. Stifle radiographs are normal. While under sedation for this ultrasound, there was breakthrough pain on palpation of the left gracilis tendon insertion point

SPECIES

Canine

ULTRASONOGRAPHIC STUDY OF THE BILATERAL GASTROCNEMIUS ORIGINS & LEFT GRACILIS MUSCLE

BREED

Vizsla

The lateral and medial fabellae and lateral and medial heads of the gastrocnemius muscles present within normal limits in both hind limbs. There is no evidence of echoarchitectural changes of the muscle tissue. The fascial planes, surrounding musculature, as well as the popliteal lymph nodes present within normal limits. No osseous abnormality of the fabellae, femur, or tibia is seen.

SEX

FS

The lateral menisci present in situ and within normal limits.

AGE

4 Years

The medioproximal bone surface of the tibia presents intact and smooth.

The left gracilis muscle presents within normal limits in both long and short axis. The muscle tissue has uniform hypoechoic background with regular fiber texture. The fascial planes are thin and well delineated.

The left pes anserinus, which represents the common attachment of the sartorius semitendinosus and gracilis muscles to the medial tibial condyle, presents within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The added material for comparison between the left and right Pes anserinus does confirm mild swelling of the left Pes anserinus attachment which may be associated with Pes anserinus syndrome clinically.

ULTRASONOGRAPHIC DIAGNOSIS

- Potential for left pes anserinus tendinopathy
- Normal ultrasonographic presentation of the bilateral gastrocnemius muscles.

HOSPITAL NAME

Points East West
Veterinary Services

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No clear structural abnormality is identified in the ultrasonographic examination of the bilateral gastrocnemius muscles and pes anserinus even though pes anserinus tendinopathy and syndrome cannot be ruled out entirely based on the ultrasonographic presentation.

REFERRING VET

David Lane

INVOICE

56808

DATE

2-16-23



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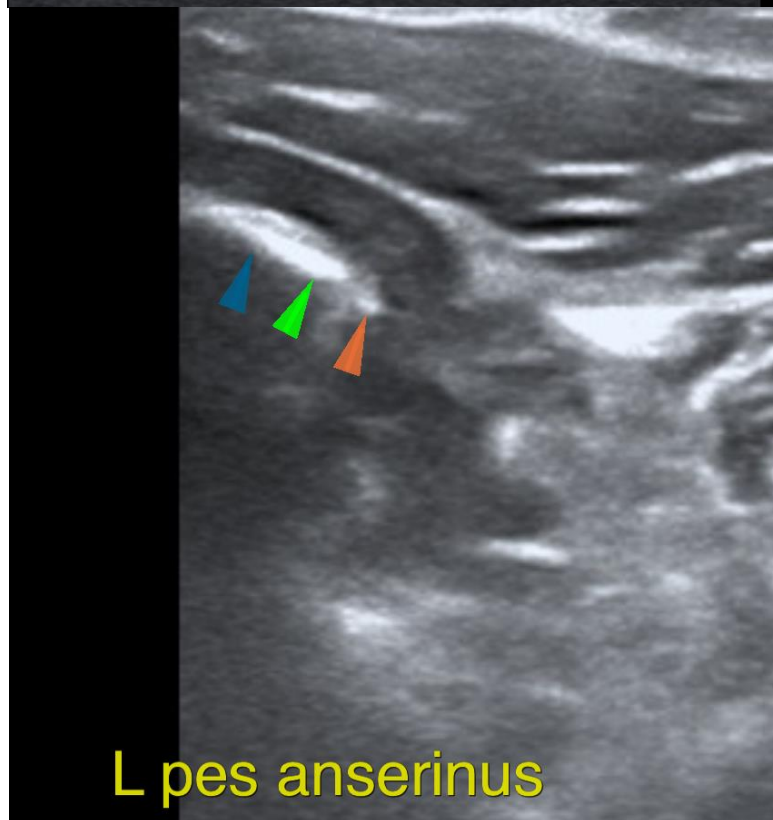
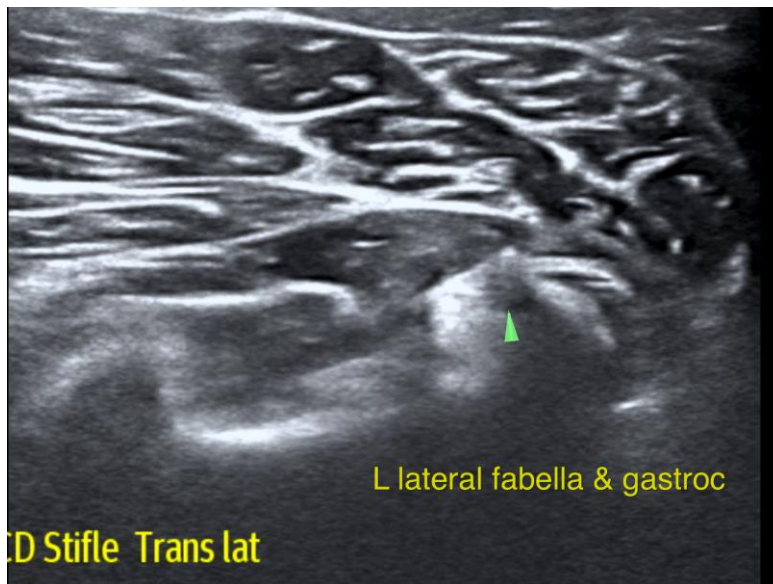
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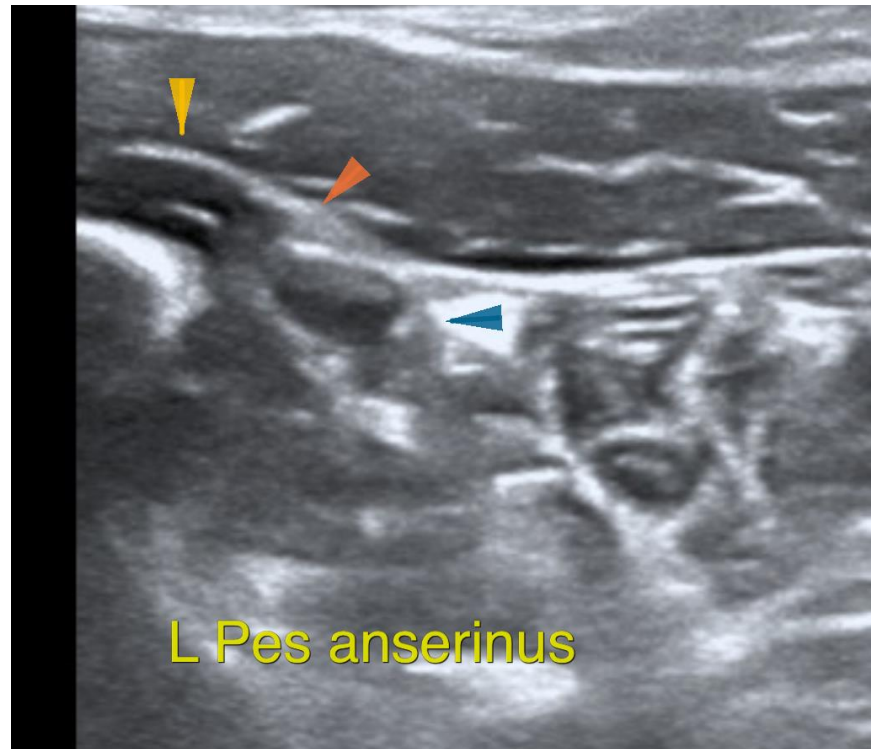
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Veterinary Services

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.

REFERRING VET

David Lane

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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