



PATIENT

Arnie Gzybowski

SPECIES

Canine

BREED

English Pointer

SEX

Male Intact

AGE

3Y

WEIGHT

60lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melissa Weisman

HOSPITAL NAME

Minnesota Veterinary
Ultrasound

REFERRING VET

Dr. Melissa Weisman

INVOICE

73810

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- This is a follow up study of a previously diagnosed partial tear of the left gastrocnemius tendon. Please see your previous last 3 reports from November and December (I will attach). The veterinary owner continues with PT and splinting. Dog only recently became partial weight bearing again. This was a high performance field trial dog. The veterinary owner feels his recovery has been slow and is wondering if he will ever be able to return to field trials. It has also been challenging to manage his pressure sores throughout the splinting process (dog's leg is long and narrow).

Abnormal PE/Chem/CBC/UA Results: None provided.

ULTRASONOGRAPHIC STUDY OF THE LEFT ACHILLES TENDON

Follow up examination after partial tear of the left gastrocnemius tendon.

ULTRASONOGRAPHIC FINDINGS

The left distal gastrocnemius tendon remains thickened and hypoechoic with a persistent region of altered echotexture beginning at the level of the tuber calcanei and extending proximally for approximately 25mm. The maximum thickness of the affected tendon segment measures 8mm approximately remaining enlarged compared with expected normal architecture. The fiber pattern remains reduced in organization with incomplete restoration of the normal parallel fiber texture. Mild peritendinous fluid persists. Mild distension of the subcalcaneal bursa is present persistently as well. No complete rupture is identified. Surrounding components of the common calcaneal tendon remain intact but mildly reactive.

Comparison with prior study dated December 2025

Persistent structural defect with ongoing hypoechogenicity.

Lack of meaningful additional fiber organization since last examination and residual swelling essentially unchanged.

Mild bursitis is still present.

Overall, there has been minimal to no significant interval progression of healing since the December recheck.

ULTRASONOGRAPHIC DIAGNOSIS

- Chronic incompletely healed partial tear of the left gastrocnemius tendon with delayed or stalled tendon remodeling.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging appearance now suggests transition from an active reparative phase to a prolonged fibroplasia/failed maturation stage rather than continued organized tendon regeneration. This explains the persistent lameness and slow clinical recovery. This pattern can be recognized in mechanical overload despite protection. Prolonged immobilization with suboptimal tendon stimulation, repetitive micro strain during early rehabilitation, or individual biologic variability in tendon healing. Given the limited interval improvement over the past 8 weeks, the prognosis for return to pre-injury athletic function is very guarded. Many dogs with this degree of persistent architecture disruption regain



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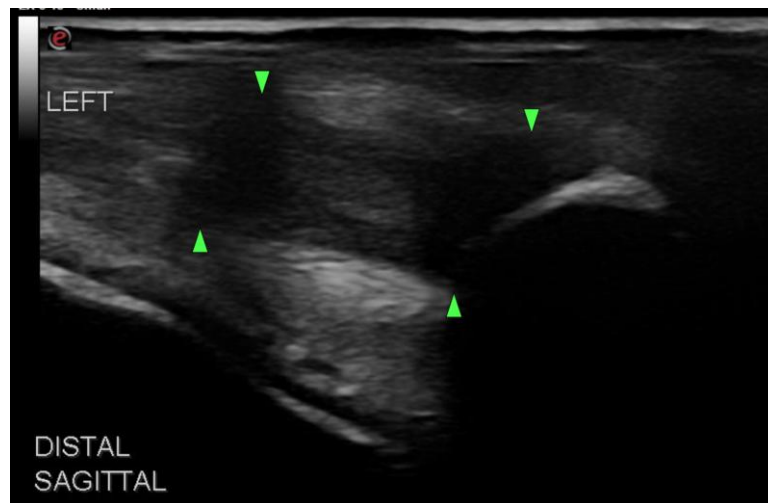
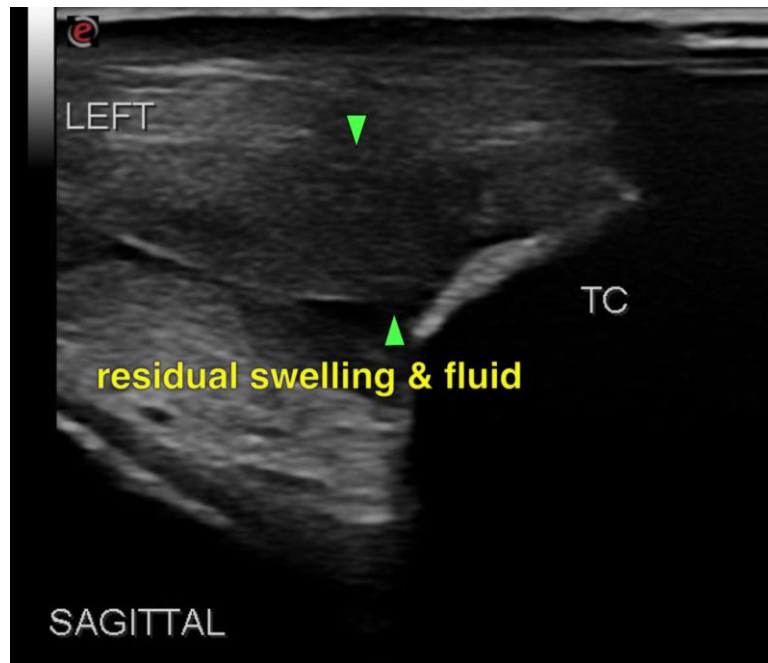
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comfortable pet level function, however, full recovery to elastic recoil and tensile strength which is required for high speed performance is considered limited. Adjustment of rehabilitation strategy and consultation with a sports medicine focused rehabilitation specialist is recommended. Monitor for chronic tendinopathy since the current appearance is compatible with development of chronic tendinosis which may not fully normalize structurally.





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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