



PATIENT

Ryker Sauve

PRESENTING CLINICAL SIGNS

Acute lameness on January 10th to the LH leg. No stiffness after lying down. Abnormal PE/Chem/CBC/UA Results: Atrophy over L biceps femoris; no clinical signs of stifle disease, gracilis is soft and comfortable. Iliopsoas comfortable. Slightly less hip extension than expected. Radiographs pending

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Left Iliopsoas, Gracilis, Semitendinosus, and Left Stifle

BREED

German Shepherd

There appears to be moderate effusion within the left coxofemoral joint. Osseous remodeling of the visible periarticular margins is seen.

SEX

FS

The musculotendinous junction of the left psoas major tendon presents mild subjective thickening and ill-defined echoarchitecture. The attachment to the lesser trochanter of the femur presents even and smooth.

AGE

5 Years

The echoarchitecture of the left gracilis muscle is maintained; however, an overall increase in heterogeneity and echogenicity is noted. The fascial planes of the gracilis are thin and smooth.

No echoarchitectural changes of the left semitendinosus muscle are seen.

Scant effusion is present within the supra- and infra- patellar recesses of the left stifle joint. The visible periarticular margins present smooth.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The cranial cruciate ligament is intact, and the lateral and medial menisci are in situ with even surface and uniform echoarchitecture.

ULTRASONOGRAPHIC DIAGNOSIS

- Suspect left coxofemoral joint arthropathy with increased effusion.
- Musculotendinopathy of the left psoas major tendon.
- Left gracilis myopathy.

HOSPITAL NAME

Cedarview Animal
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals echoarchitectural changes of the left psoas major tendon suggesting presence of musculotendinopathy. Based on the changes of the left coxofemoral joint, secondary iliopsoas musculotendinopathy is a main suspicion over primary psoas major musculotendinopathy here. Despite the normal clinical presentation, the ultrasonographic findings support the presence of an early stage of gracilis myopathy and narrow clinical monitoring is advised. Further ultrasonographic monitoring and comparison with the contralateral limb's gracilis muscle could be considered as well. Based on the available evidence, there is no effective curative treatment for gracilis myopathy however the patient may benefit from physical therapy, extracorporeal shock wave and/or laser therapy as well as prp injections.

REFERRING VET

Nigel Gumley

INVOICE

50548

DATE

2-24-22



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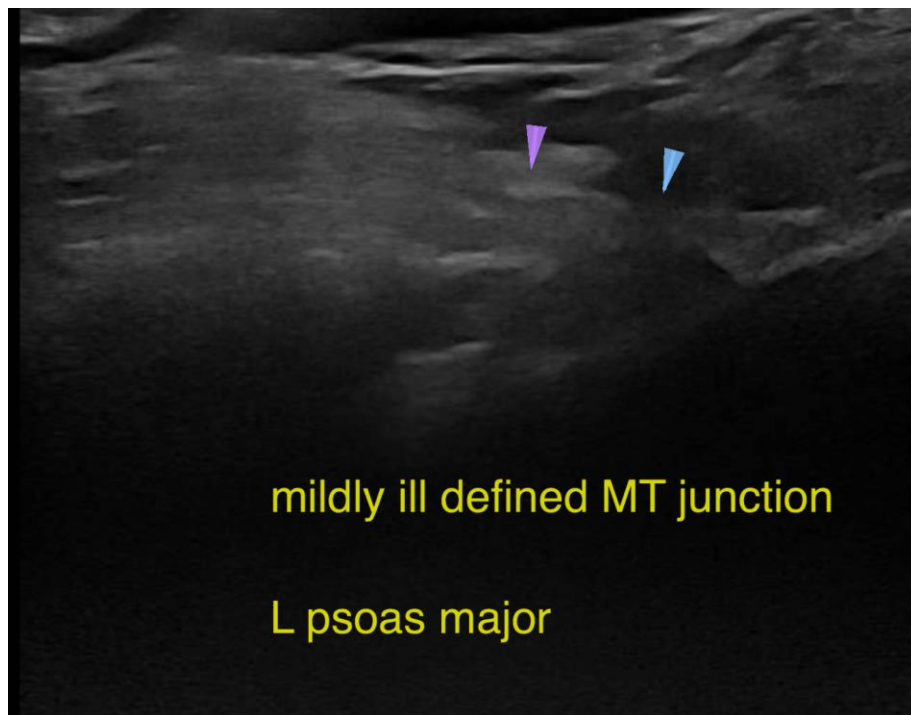
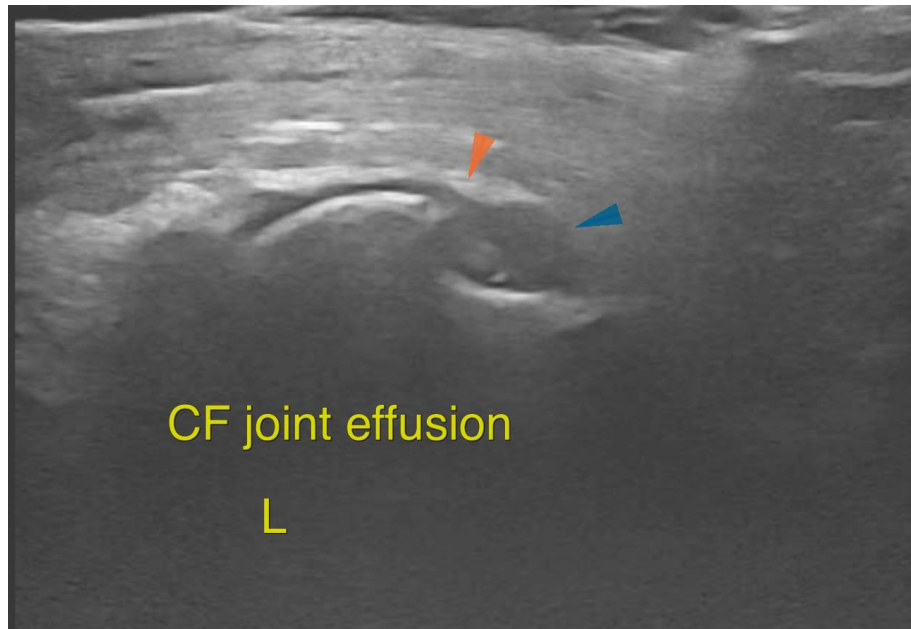
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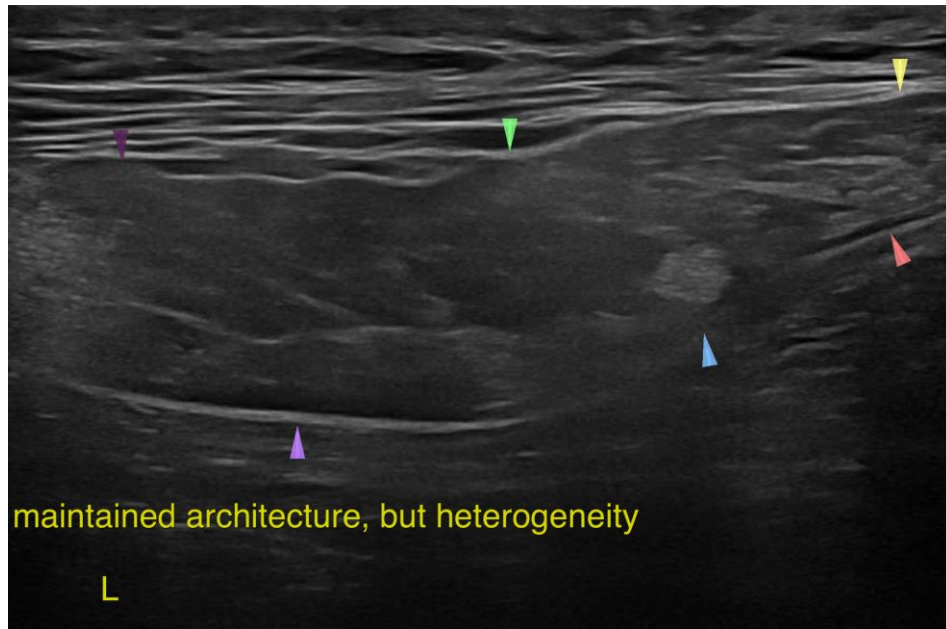
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet., DipECVDI
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