



PATIENT

Henry Cleary

SPECIES

Canine

BREED

Golden Retriever

SEX

M

AGE

8 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Sherrod

INVOICE

56594

DATE

2-6-23

PRESENTING CLINICAL SIGNS

Intermittent/infrequent limping on RH 1/5 lame on rh primarily noted on stance repeated moderate to marked discomfort on R iliopsoas palpation 1-2 mm cranial tibial translation on RH concern for stifle effusion in rh that would fit with partial/stable CCL tear

ULTRASONOGRAPHIC FINDINGS

Bilateral Iliopsoas Muscles

Visible parts of the coxofemoral joints present within normal limits.

The psoas major tendons are incompletely seen. However, the musculotendinous junctions, tendinous portions, and the insertion sites to the lesser trochanter of the femur present within normal limits in both hind limbs.

The visible musculature presents a uniformly hypoechoic background with regularly spaced echogenic muscle fibers.

The fascial planes present even and smooth.

No evidence of echoarchitectural alterations is seen.

ULTRASONOGRAPHIC DIAGNOSIS

- Normal ultrasonographic findings of the bilateral iliopsoas tendons and coxofemoral joints.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structural injury of the iliopsoas muscles and psoas major tendons is not detected ultrasonographically. Grade 1 microfiber damage cannot be ruled out entirely. However, secondary spasm of the muscles due to other pathology in the coxofemoral, lumbosacral region, and/or hind limbs should be considered a potential as well as lameness of other origin.



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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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