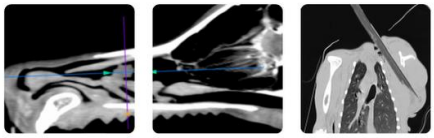

PATIENT

Goose Gejdos

SPECIES

Canine

BREED

Mixed

SEX

M

AGE

19M

WEIGHT

22kg

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

74152

DATE

3-11-26

PRESENTING CLINICAL SIGNS

- Chronic RHL skipping gait lameness with repeatable pain on palpation of the right iliopsoas.
- Orthogonal lumbopelvic and stifle radiographs normal except for possible mild CFHO bilaterally (in house)

ULTRASONOGRAPHIC FINDINGS

Right Iliopsoas

The iliopsoas tendon demonstrates normal fiber architecture and echogenicity with intact insertion to the lesser trochanter. The myotendinous junction appears smooth without evidence of fiber disruption or tearing. A minimal amount of anechoic fluid is present subtendinous to the right iliopsoas tendon compatible with mild peritendinous fluid accumulation. No focal mineralization or significant tendon thickening is identified.

Left Iliopsoas

The left iliopsoas tendon, myotendinous junction, and insertion at the lesser trochanter appear normal. No fluid accumulation is detected in the subtendinous region. No structural abnormalities are identified.

Coxofemoral Joints

Mild effusion is present within both coxofemoral joints.

ULTRASONOGRAPHIC DIAGNOSIS

- Minimal peritendinous fluid accumulation beneath the right iliopsoas tendon without structural tendon abnormalities.
- Mild bilateral coxofemoral joint effusion which may reflect early degenerative joint changes or joint inflammation.
- Normal left iliopsoas tendon.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals mild peritendinous fluid beneath the right iliopsoas tendon. The findings are most consistent with mild reactive peritendinous change rather than primary iliopsoas tendinopathy or tendon tear. The right iliopsoas tendon appears structurally intact with preserved fiber pattern and normal attachment to the lesser trochanter. Reactive or compensatory change associated with altered biomechanics rather than primary tendinopathy appears present.

The presence of mild bilateral coxofemoral joint effusion suggests possible early joint inflammation or degenerative change which may contribute to altered hind limb mechanics and secondary peritendinous irritation in the right iliopsoas region.

Consider conservative management including controlled exercise restriction, anti-inflammatory therapy if clinically indicated, and physiotherapy. Further evaluation of the coxofemoral joints for potential occult laxity such as by radiographic distraction method could be considered. If clinical signs persist or worsen, repeat ultrasound or MRI may be considered to further assess soft tissue and intraarticular structures.

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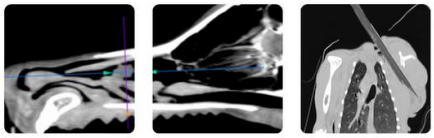

Teleradiology
Educational Teleconsultation Services™

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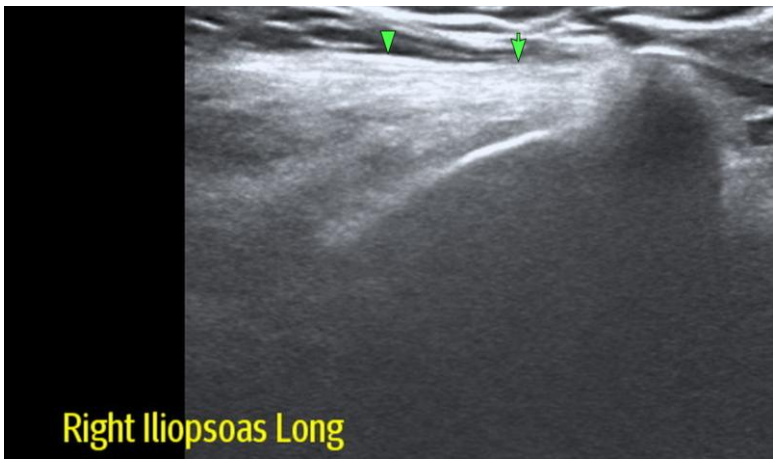

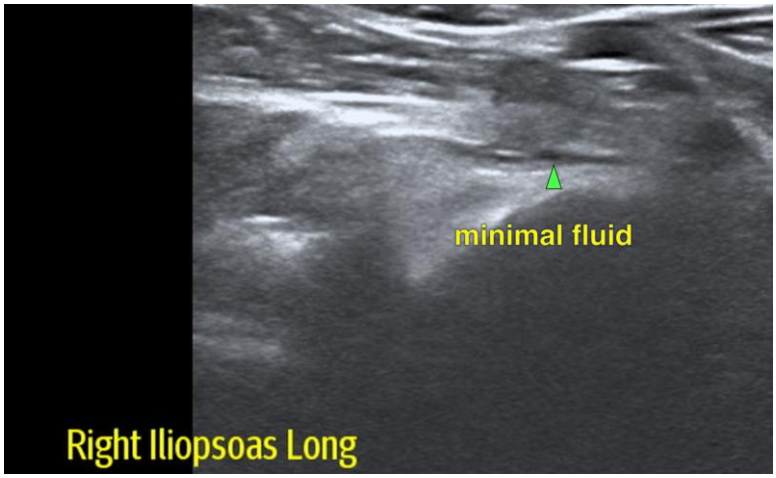

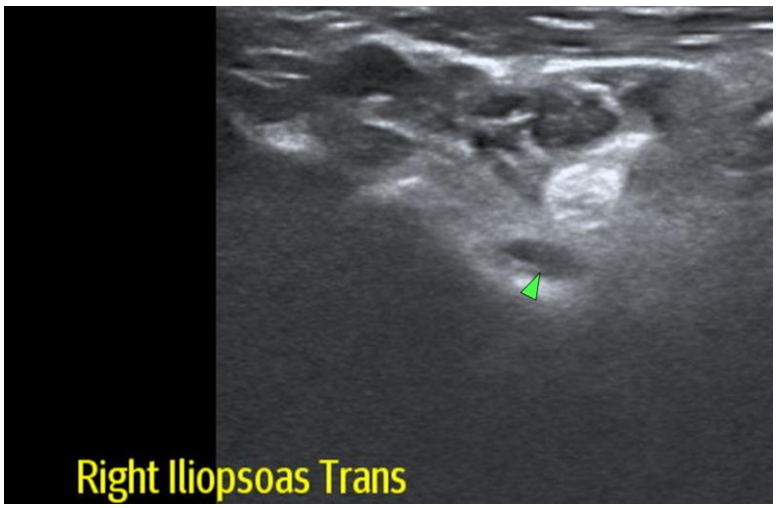

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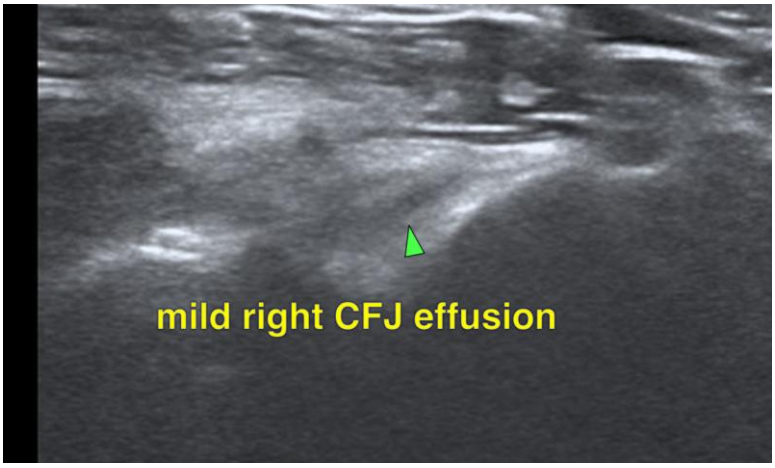

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
info@sonopath.com