



PATIENT

Ernest Staff

SPECIES

Canine

BREED

Nova Scotia Duck
Tolling Retriever

SEX

MN

AGE

4Y

WEIGHT

26kg

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

74781

DATE

4-27-26

PRESENTING CLINICAL SIGNS

3/5 RFL lameness currently. History of prior diagnosis of iliopsoas tendinopathy (diagnosed elsewhere). On examination, both iliopsoas tendons were very painful. The right shoulder showed mild discomfort on palpation of the biceps tendon when placed in full stretch, but no other limb abnormalities were found. Orthogonal forelimb and lumbopelvic and stifle radiographs show LHL proximal tibial pins x2 from prior tibial tuberosity avulsion at 5 months of age. The opposite right hip joint has soft tissue laxity with femoral head subluxation but no evidence of OA. Both shoulders were stable under sedated examination.

ULTRASONOGRAPHIC FINDINGS

Right Iliopsoas

Mild irregularity of the peritendineum of the right iliopsoas is seen. Mild focal enthesiophyte formation is present at the insertion on the lesser trochanter of the femur. No evidence of tendon fiber disruption, discrete tear, or fluid accumulation is seen.

The right hip presents mild to moderate joint effusion with synovial thickening at the time of the examination.

Left Iliopsoas

Mild irregularity of the peritendineum of the left iliopsoas is seen. Mild focal enthesiophyte formation is present at the insertion on the lesser trochanter of the femur. No evidence of tendon fiber disruption, discrete tear, or fluid accumulation is seen.

The left hip presents minor effusion and synovial thickening.

Right Shoulder

Average maximum thickness of the right supraspinatus tendon is 7.5mm. Multiple echogenic intratendinous foci are present with partial acoustic shadowing.

There is moderate biceps tendon sheath effusion and synovitis with evidence of biceps tendon impingement. No bony exostosis is present in the bicipital groove.

The medial compartment structures present within normal limits.

Left Shoulder

Average maximum thickness of the left supraspinatus tendon is 7.5mm. Multiple echogenic intratendinous foci are present with partial acoustic shadowing.

There is moderate biceps tendon sheath effusion and synovitis with evidence of biceps tendon impingement. No bony exostosis is present in the bicipital groove.

The medial compartment structures present within normal limits.

ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral chronic iliopsoas tendinopathy with early enthesiophyte formation and mild remodeling of the peritendineum.
- Mild to moderate coxofemoral joint effusion.



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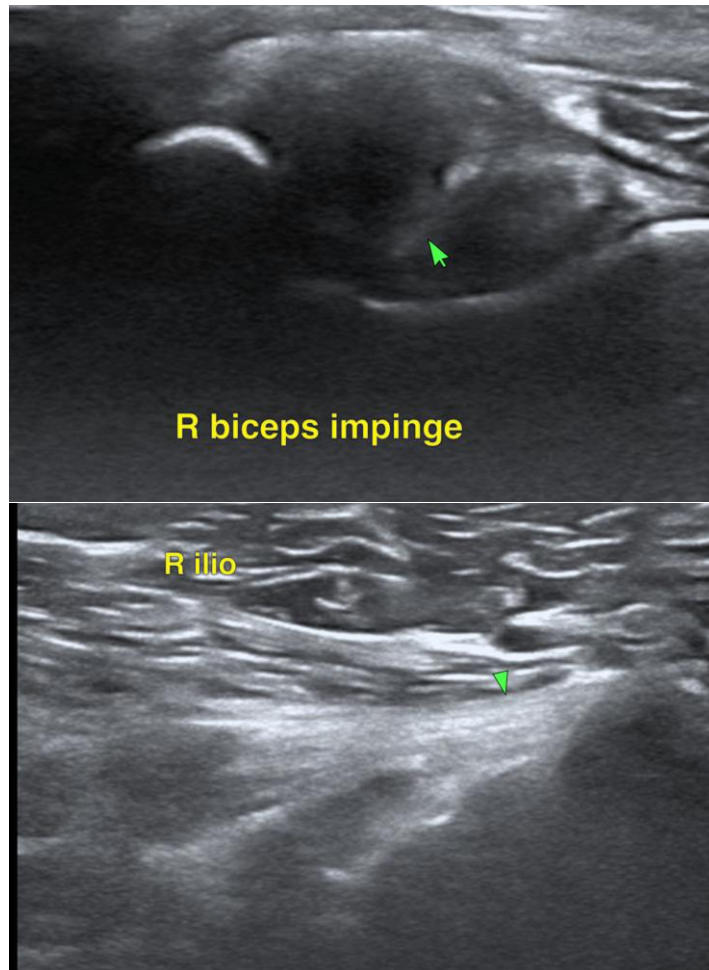
- Bilateral supraspinatus tendinopathy with biceps impingement and biceps tenosynovitis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic presentation of the iliopsoas tendons present chronic bilaterally symmetric iliopsoas tendinopathy. Note the signs of joint effusion and synovitis in the right coxofemoral joint which appear more pronounced compared with the left, at least at the time of the examination.

In both shoulders, there is evidence of chronic supraspinatus tendinopathy with biceps impingement and secondary biceps tenosynovitis. The findings are bilaterally symmetric, however, may affect one joint more than the other functionally/clinically.

Conservative management with activity modifications, physiotherapy, anti-inflammatory and analgesic therapy, as well as the use of biologic agents can be considered. The patient may benefit from ECSW treatment as well.





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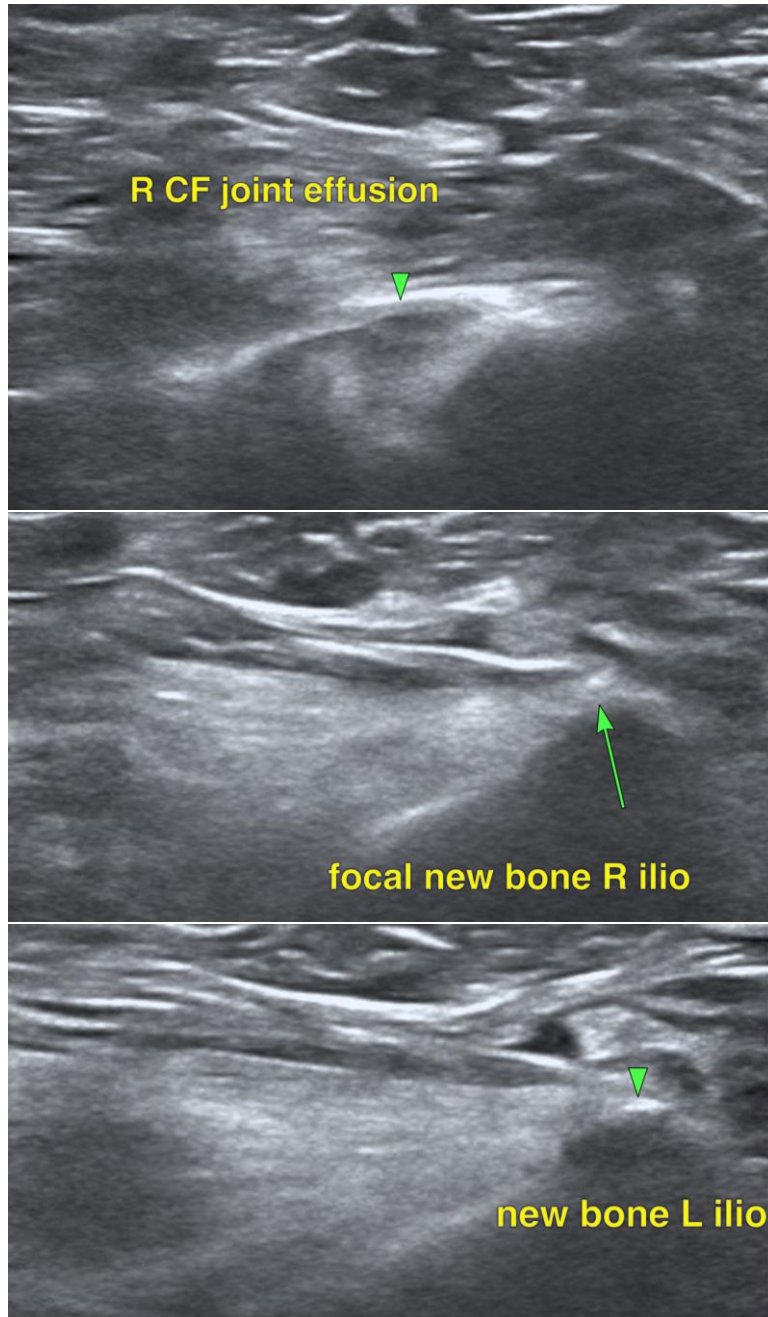
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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