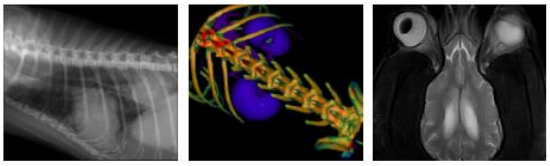
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lexi Bauman

SPECIES

Canine

BREED

G. Shep X

SEX

FS

AGE

6 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Eldale VC

REFERRING VET

Jones

INVOICE

52078

DATE

5-17-22

PRESENTING CLINICAL SIGNS

Normal ROM and palpation of all areas of hind limbs. When walking can appreciate mild hyperextension at teh level of the hock, is present on both side but definitely worse on the L. Was such a good girl under sedation, able to take hip x-ray and both stifle/tarsus regions. Radiographs: Fair-good hip coverage with no obvious bone irregularity present on VD examination. Stifle area looks good bilaterally, maybe a mild amount of increased opacity on the VD view associated with the L stifle, however seems to be consistent with superimposition in that area, as L lateral does not support this. At the level of the tarsus the bones appear normal except on the ventral surface at the tarsus metatarsus joint there appears to be increased opacity bridging this area bilaterally. On the L lateral hock associated with the calcaneus tuber there is increased opacity surrounded by mild inflammation - concern for inflammation/opacity associated with the ligament in this region causing the hyperextension.
Abnormal PE/Chem/CBC/UA Results: Coxofemoral joints and pelvis: Normal. There is normal coverage of the femoral head by the acetabulum bilaterally and the coxofemoral joints are congruent. No coxofemoral osteoarthrosis is seen. The remainder of the pelvis is normal. Stifle joints: Normal bilaterally. No effusion or osteoarthrosis is detected. Remaining musculoskeletal structures: There are irregular mineral foci proximal to the left calcaneus as well as thickening of the distal left common calcaneal tendon. The tibiotarsal, intertarsal and tarsometatarsal joints are otherwise normal (the irregular osseous structures plantar to the proximal metatarsus bilaterally are consistent with normal, vestigial 1st metatarsals). Other included osseous structures of the hindlimbs are also normal. Hindlimb musculature is symmetrical. The patellas are mildly, externally positioned on the ventrodorsal views, although this is most likely due to mild external rotation of the stifles. Opinion & Recommendation Thickening of the distal left common calcaneal tendon as well as irregular mineral foci proximal to the left calcaneus at the insertion of the common calcaneal tendon. Otherwise normal coxofemoral joints, stifles, tibiotarsal joint and other osseous structures of the hindlimbs. The changes of the left distal common calcaneal tendon are suggestive of chronic common calcaneal tendinopathy with dystrophic mineralization at the insertion of the common calcaneal tendon. There are no obvious changes suggestive of complete common calcaneal tendon rupture (such as retraction of the gastrocnemius) and a partial injury is of concern, although further assessment of the common calcaneal tendon would require musculoskeletal ultrasound (which is often best performed by a sonographer experienced in musculoskeletal ultrasound). No coxofemoral osteoarthrosis/evidence of hip dysplasia or other lesions of the hindlimbs are seen to explain the clinical signs.

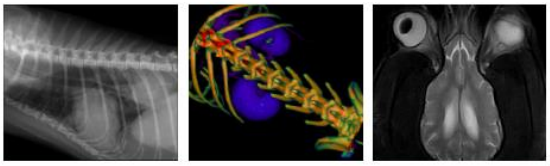
ULTRASONOGRAPHIC FINDINGS

Left Achilles Tendon

Multiple small partially and completely shadowing echogenic foci are seen between the layers of the left common calcaneal tendon level with and extending proximally 1.0 cm from the calcaneal tubercle. The mineralizations accentuate the medial aspect of the tip of the calcaneal tubercle level with the deep portion of the achilles tendon. Peritendinous involvement is a potential however no mineralizations are seen within the tendinous tissue itself and the internal echoarchitecture, shape, and size of the superficial and deep components of the left achilles tendon present within normal limits. The subtendinea calcaneal bursa is mildly distended.

Right Achilles Tendon

The right achilles tendon presents within normal limits. The right common calcaneal tendon



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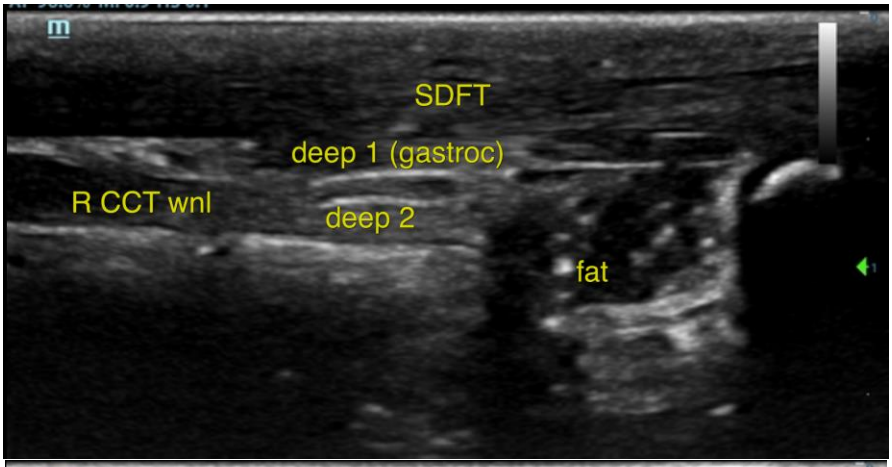
presents within normal limits except for pinpoint partially shadowing echogenic foci between the layers of the common calcaneal tendon. The outline of the calcaneal tubercle is even and smooth.

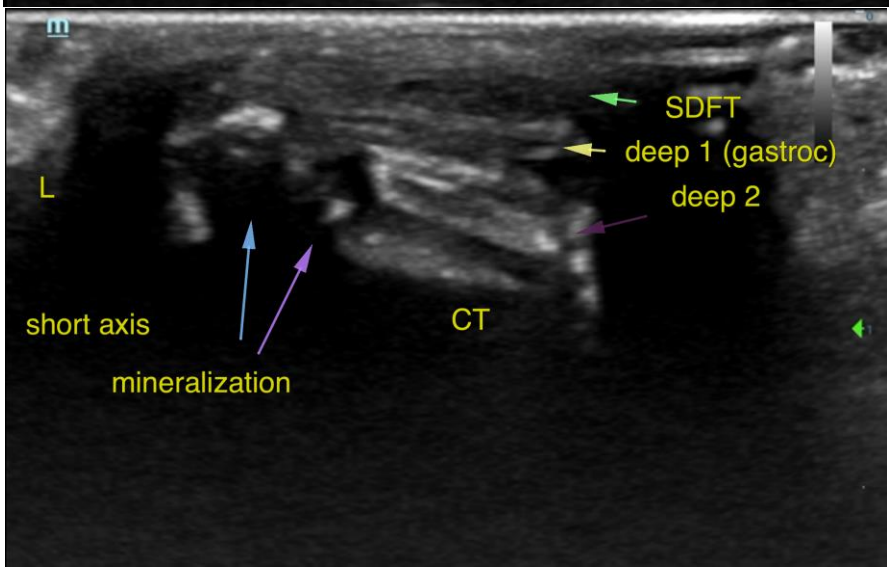
ULTRASONOGRAPHIC DIAGNOSIS

- Peritendinous mineralizations and calcaneal bursitis associated with the attachment of the (deep) left calcaneal tendon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals extensive peritendinous mineralization without structural evidence of tendon tissue involvement of the left calcaneal tendon. The changes accentuate the deep portion of the achilles tendon and are more pronounced on the medial side level with the calcaneal tubercle. Mild concurrent calcaneal bursitis is noted. Differential diagnosis includes peritendinous mineralization, secondary to traumatic or chronic degenerative peritendinitis, calcinosis circumscripta, tendinitis/desmitis of the flexor retinacular with or without chronic degenerative or hereditary hyperlaxity syndrome, and metastatic calcification.





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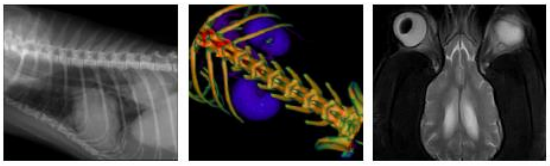

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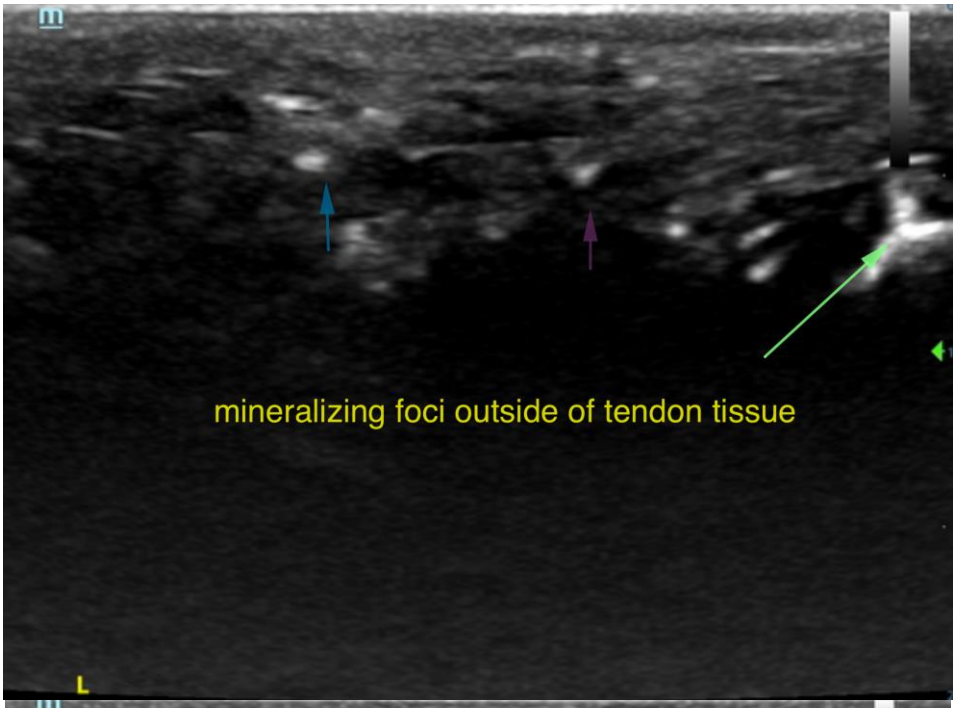

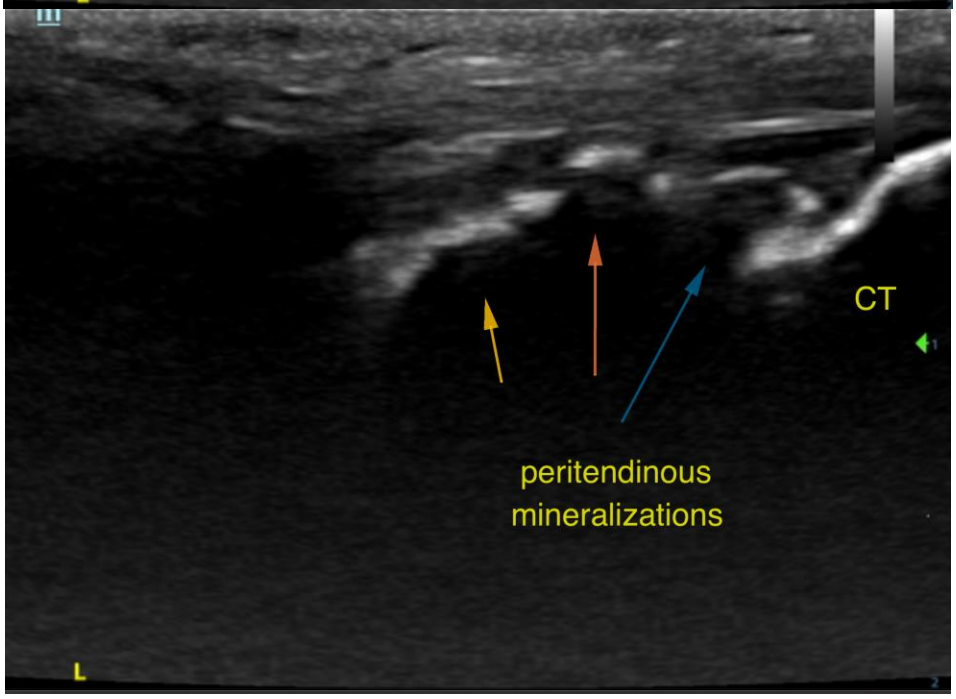

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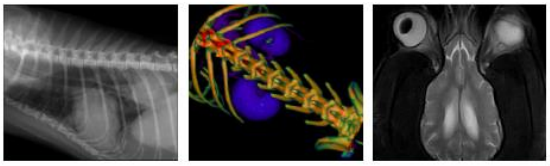

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com