

**PATIENT**

Smokey Wylie

**PRESENTING CLINICAL SIGNS**

LHL skipping gait lameness. On examination, there is repeatable pain on palpation of the belly of the medial gastrocnemius muscle at the level of the gracilis tendon. On the initial presentation, it was more painful on the medial aspect adjacent to the gracilis tendon, but today it was more painful when palpating the midline just distal to the popliteal fossa.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS****Left Gastrocnemius and Medial Fabella Region**

Two elongated areas of regional decrease in echogenicity are seen in the far field within the left medial gastrocnemius muscle both measuring approximately 2.5mm in diameter. These regions present regional loss of echoarchitecture and decreased echogenicity with ill-defined margins. The remainder of the muscle belly presents the expected echoarchitecture and echogenicity. The fascial planes are smooth and intact.

**BREED**

Australian Cattle Dog

**SEX**

MN

The medial fabella presents within normal limits.

**Right Gastrocnemius and Medial Fabella Region**

The right medial gastrocnemius and medial fabella present within normal limits. No structural abnormality of the musculature is seen.

**AGE**

4 Years

**ULTRASONOGRAPHIC DIAGNOSIS**

- Suspect focal injury deeply within the left medial gastrocnemius muscle.

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic study reveals myopathy with regional loss of echoarchitecture deeply within the left medial gastrocnemius muscle. Small muscle bundle rupture(s) is a primary differential diagnosis. Other myopathy such as secondary to chronic repetitive microinjury is a potential but less likely differential diagnosis.

**HOSPITAL NAME**Points East West  
Veterinary Services**REFERRING VET**

David Lane

**INVOICE**

58121

**DATE**

5-3-23



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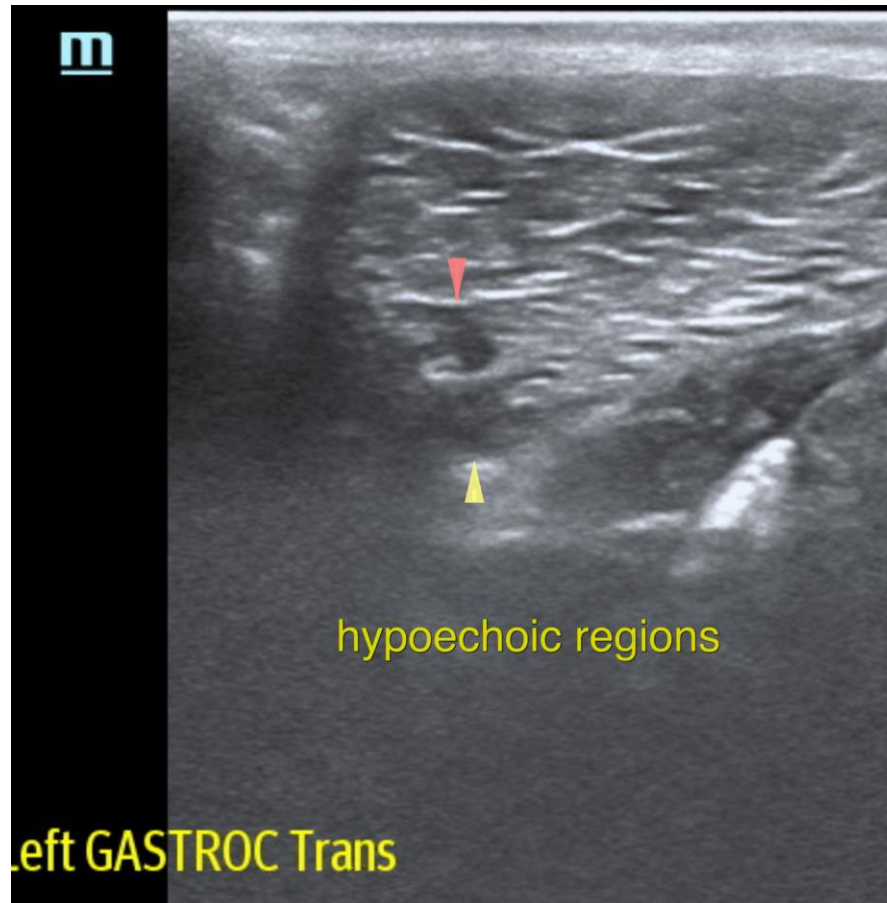
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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