

**PATIENT**

Trigger Dubois

SPECIES

Canine

BREED

Whippet

SEX

MN

AGE

7 Years

INTERPRETED BYNele Eley, DVM
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Cedarview Animal
Hospital**REFERRING VET**

Nigel Gumley

INVOICE

52208

DATE

5-31-22

PRESENTING CLINICAL SIGNS

Seems off during flyball training. Was jumped on by another dog. Not counter surfing or jumping with excitement as much. Struggles to go up stairs.

Abnormal PE/Chem/CBC/UA Results: Off-loading RH leg, short stride in RH. Abducts R hip when sitting. Pain in R L5 region. Mild discomfort in iliopsoas R side. Narrowing of L2/3 space on lumbar radiographs suggestive of IVDD.

ULTRASONOGRAPHIC FINDINGS**Right Iliopsoas**

The right psoas major tendon is well delineated with uniform internal echoarchitecture. The attachment to the lesser trochanter of the femur is smooth. The musculotendinous junction is smooth. The muscular portion of the iliopsoas muscle is within normal limits level with the vascular lacunae and in the caudal sublumbar area.

Left Iliopsoas

The left psoas major tendon and its attachment present within normal limits as well. There is no evidence of echoarchitectural alterations throughout the tendon, musculotendinous junction, and muscle belly.

The coxofemoral joints present no evidence of abnormal effusion or synovial swelling.

ULTRASONOGRAPHIC DIAGNOSIS

- Normal ultrasonographic appearance of both iliopsoas muscles.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study reveals no structural changes of the iliopsoas muscles including their psoas major tendons and their attachment to the lesser trochanter of the femur. Grade 1 (microarchitectural) changes cannot be ruled out by means of ultrasound so that early iliopsoas musculotendinopathy remains a potential; however, at this time, no structural changes are seen.



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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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