

**PATIENT**

Finnley Steers

**PRESENTING CLINICAL SIGNS**

1 year history of moving with abnormal gait - abducts hind limbs during flight phase with external rotation of the stifles at end range hip flexion. Does not worsen with exercise or after rest. Is more obvious at higher speeds and when running downhill. On physical examination, there was guarding on concurrent hip flexion and stifle extension. Sedated hamstring flexibility was normal, limited by the gracilis on the left and semimembranosus or tendinosus on the right. No focal pain was found.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS****BREED**

Vizsla

**Bilateral Gracilis, Semimembranosus, Sciatic Nerve, and Iliopsoas**

The gracilis and semimembranosus present the expected shape, architecture, and echogenicity of their muscle bellies. No evidence of fascial thickening or irregularity is seen.

**SEX**

M

The left and right psoas major tendon present a smooth attachment to the lesser trochanter of the femur with thin well delineated hyperechoic tendon fibers and smooth transition between tendinous and muscular tissue at the musculotendinous junctions. The bone surface of the lesser trochanter is regular and smooth in both hind limbs.

**AGE**

2 Years

The tibial and fibular components of the left and right sciatic nerve level with the trochanteric fossa, and slightly distal to it, present all within normal limits.

**ULTRASONOGRAPHIC DIAGNOSIS**

- Normal ultrasonographic findings of the gracilis and semimembranosus muscles, iliopsoas tendon, and sciatic nerves in both hind limbs.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****HOSPITAL NAME**

Points East West  
Veterinary Services

The ultrasonographic study of the gracilis and semimembranosus muscles, iliopsoas tendon, and sciatic nerves reveals no deviation from the expected anatomy. The absence of structural changes on ultrasound by no means rules out presence of microstructural damage such as grade 1 musculotendinopathy and narrow clinical monitoring, physical therapy, and the use of prp can all be considered depending on the clinical correlation.

**REFERRING VET**

David Lane

**INVOICE**

52730

**DATE**

7-6-22



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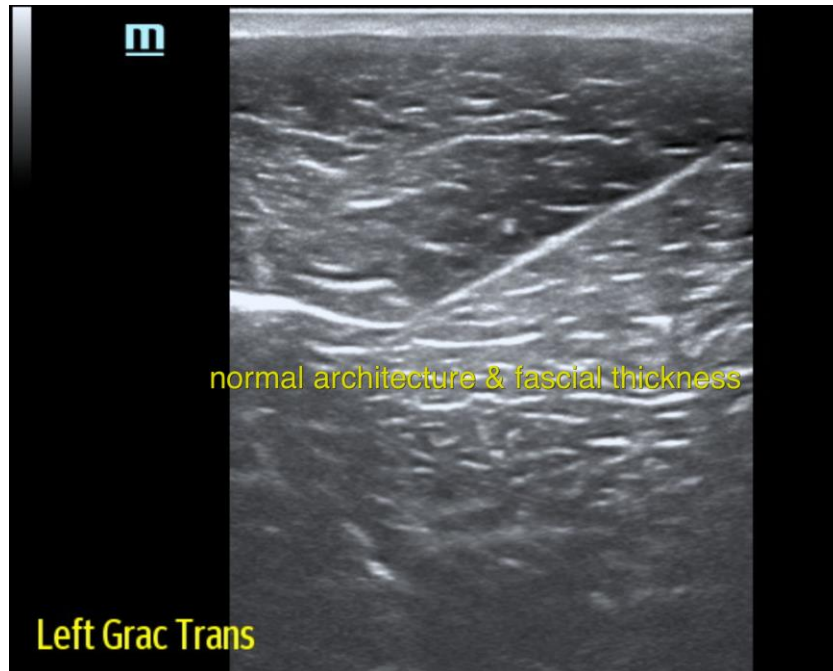
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Left Grac Trans



Right Iliopsoas Long



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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.

**SPECIES**

Canine

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  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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**SEX**

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