



PATIENT

Kuruk Waja

PRESENTING CLINICAL SIGNS

Several month history of LHL lameness during exercise. Repeated examination localizes pain to the iliopsoas musculature and tendon bilaterally, with the left more severely affected than the right. Lumbopelvic and stifle radiographs are normal. Treatment of non-specific back pain transiently improves comfort.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Left Iliopsoas Tendon

BREED

Husky

The left psoas major tendon presents mild generalized thickening, mildly irregular outline, and a hypoechoic core lesion level with the musculotendinous junction. Mild osseous remodeling with smooth new bone formation is noted at the lesser trochanter of the femur.

SEX

MN

Right Iliopsoas Tendon

Moderate smooth new bone formation is noted at the right psoas major attachment to the lesser trochanter of the femur. Mild generalized thickening and mildly irregular outline of the psoas major tendon are seen as well.

AGE

4 Years

The caudal muscular portions of the iliopsoas cranial to the musculotendinous junctions present within normal limits.

The visible parts of both coxofemoral joints present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

ULTRASONOGRAPHIC DIAGNOSIS

- Chronic bilateral psoas major injury with core lesion of the left psoas major tendon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings support the present of bilateral chronic psoas major tendon injury with enthesophytosis at the lesser trochanter of the femur. The findings are fairly symmetric in both hind limbs. However, the left psoas major tendon presents a small core lesion level with its musculotendinous junction, which may explain the more severe / more acute clinical signs on the left side.

HOSPITAL NAME

Points East West
Veterinary Services

REFERRING VET

David Lane

INVOICE

53301

DATE

8-5-22



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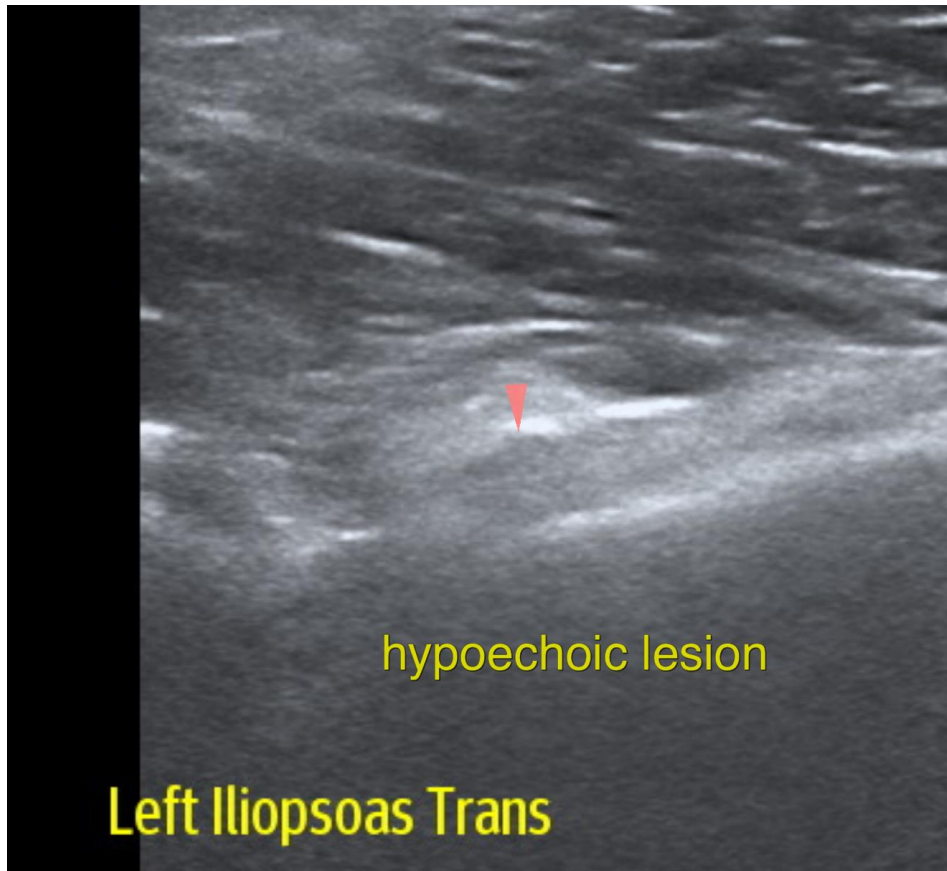
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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