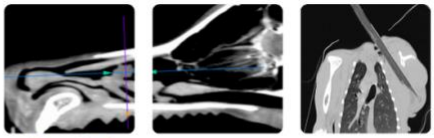

PATIENT

Kirby Alexander

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years

WEIGHT

33 kg

INTERPRETED BY

Sebastian Jawinski, German Board-Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. David Lane

HOSPITAL NAME

Points East West Veterinary Services

REFERRING VET

Dr. David Lane

INVOICE

13397

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- See prior report #22129. Since that time, the patient received surgery and is unrestricted in leash activity, preparing to resume sprinting/galloping activity.

ULTRASONOGRAPHIC FINDINGS

Right Achilles

With regard to the former report, the swelling of the gastrocnemius tendon is regressive without relevant signs of effusion. There is a suture material noted as hyperechoic dots and lines, which can be traced within the gastrocnemius tendon to the insertion site. The calcaneal tuber presents progressive and moderate periosteal changes/osteophytes. The fibers of the gastrocnemius tendon are at least partially seen in continuity attaching to the calcaneal tuber. The SDF tendon is mildly inhomogeneous and swollen. A clear differentiation between the gastrocnemius part and the common calcaneal parts is not possible in the long and short axis views.

ULTRASONOGRAPHIC DIAGNOSIS

- Status after surgical repair of the gastrocnemius tendon with progressive periosteal changes at the calcaneal tuber
- Swelling of the STF tendon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In comparison to the former study, the gastrocnemius tendon at least partially is intact due to surgical repair. There are no signs of inflammatory changes consistent with intolerance to the sutures. The periosteal changes at the calcaneal tuber are progressive and represent marked degenerative findings, which are somewhat expected after avulsion fracture/chronic rupture.

The long axis and short axis view cannot completely differentiate the common calcaneal tendon from the gastrocnemius parts. The mild swelling of the SDF tendon and the inhomogeneities within the gastrocnemius tendon will be recognized for a long time. I would assume an intact and functional gastrocnemius part of the Achilles tendon from a sonographic point of view.

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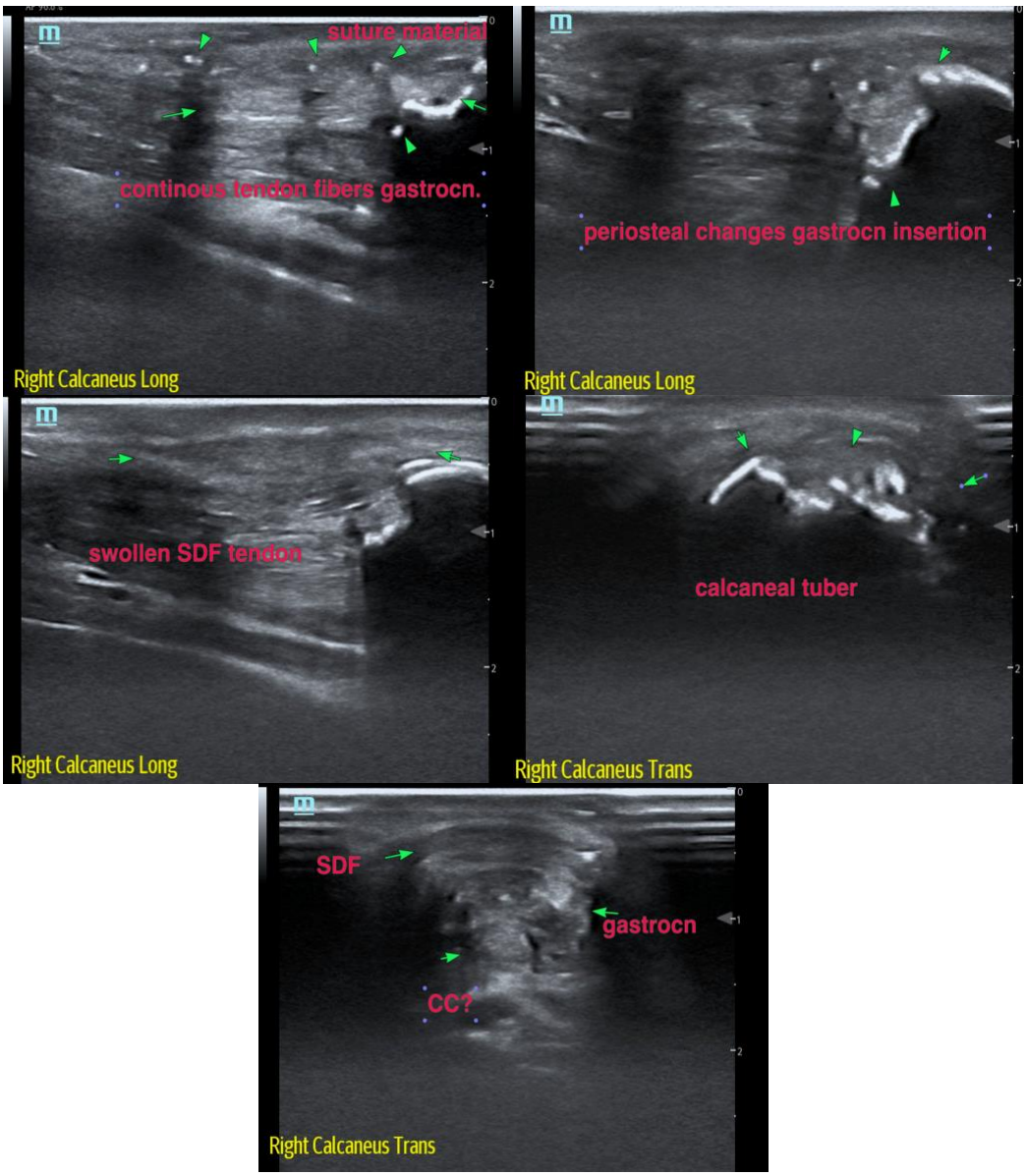

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board-Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com