

ULTRASOUND RECOGNITION OF EARLY, MIDDLE AND LATE STAGES OF GRACILIS MYOPATHY

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INTRODUCTION

Gracilis myopathy (GM) is characterised by muscle fibrosis resulting in the typical “duck gait”. Clinically, in the late phase, a firm lump on the caudal face of the thigh is found by palpation. The aetiology is still unclear. German Shepherd, Dobermann Pinscher and Rottweiler are the most affected breeds.

An early diagnosis and treatment are not usually achieved because the first clinical signs are not specific but only hind limb weakness is recognised by the owner.

METHODS



Patients:

- 4 Doberman Pinscher
- 3 German Shepherd
- 1 Giant Schnauzer



Follow Up:

from 6 months to 8 years



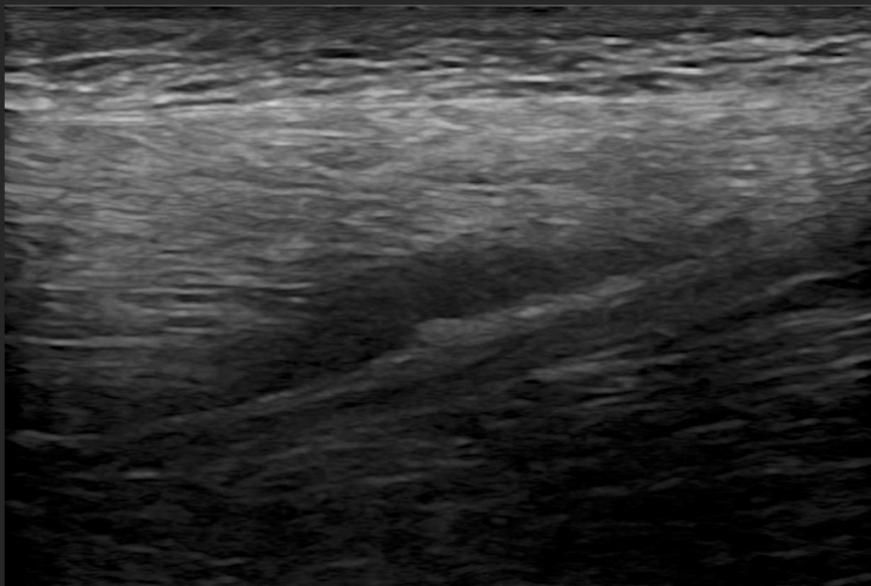
Inclusion Criteria:

- Duck gait present - developed
- US lesion on the gracilis muscle

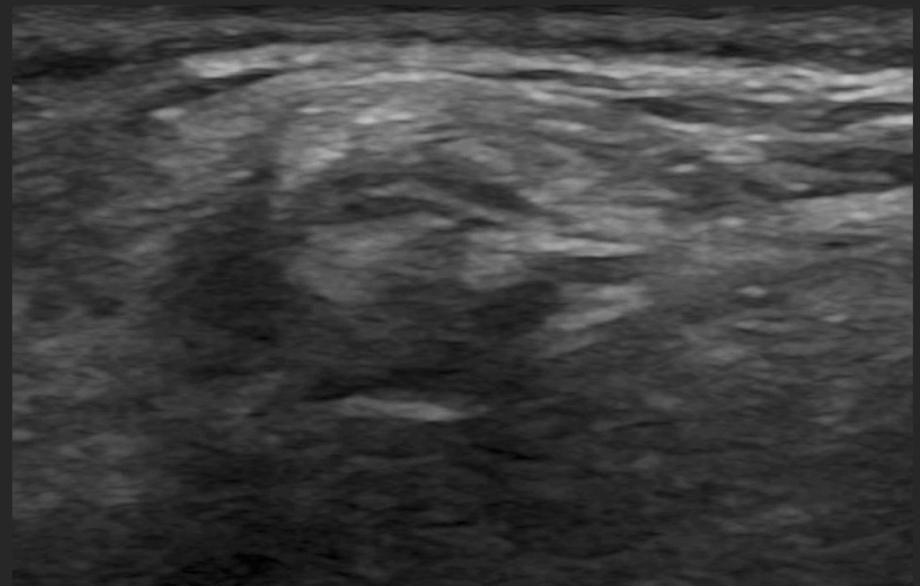
Gracilis Myopathy has different ultrasonographic pattern, corresponding to three clinical phases: early, middle and late.

Early ultrasonographic detection of GM leads to immediate diagnosis and treatment, providing a better clinical outcome.

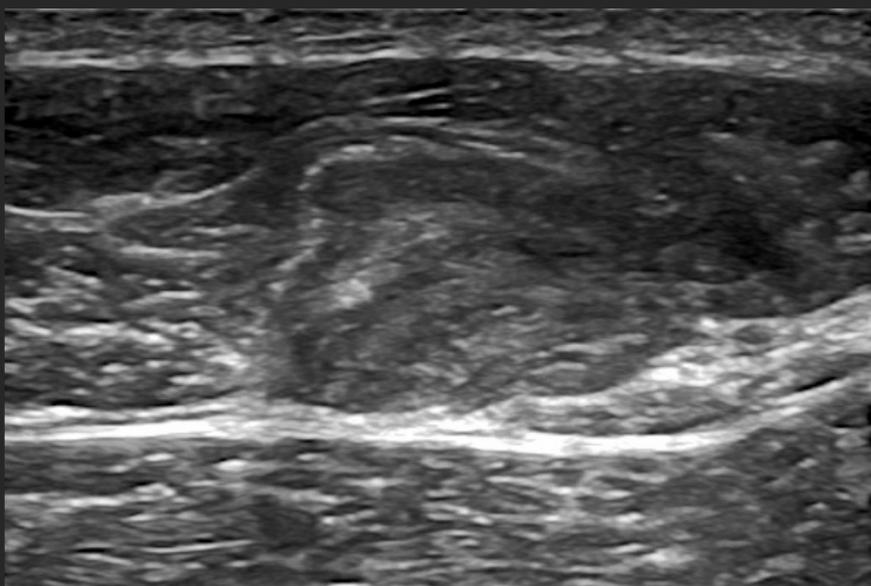
RESULTS



First stage of GM. Thickened fascia and adjacent hypoechoic band.

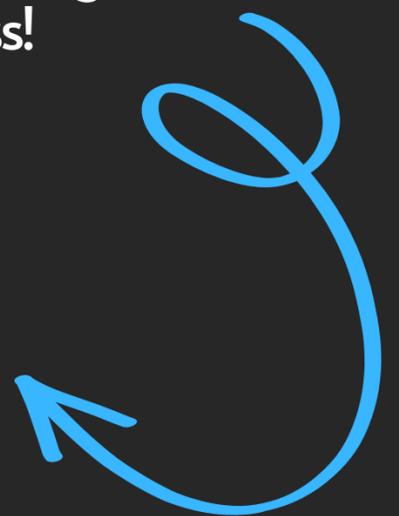


Second stage of GM. Ill-defined nodular lesion with scattering artifact and not homogeneous echostructure.



Third stage of GM. Well defined fibrotic nodular lesion.

Scan this QR Code to watch the movie of healthy and pathological gracilis muscle related to the lameness!



CONCLUSIONS

In the early GM phase, a focal fascial thickening with an adjacent hypoechoic band was detected in the central portion of the gracilis. In the middle stage, scattering artefact surrounded a hill-defined nodular lesion that showed no homogeneous echostructure. In the late phase, a well-defined, mostly fibrotic, nodular lesion was evident in the patients that showed a duck gait. No scattering artefact was present. Early recognition of GM can significantly improve the long-term clinical outcome.