



PATIENT

Tuukka Nappi

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered male

AGE

9 years

WEIGHT

150 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Peyser

INVOICE

43276

DATE

3/10/23

PRESENTING CLINICAL SIGNS

History: Liver lobectomy in June 2022- Histopath: hepatocellular carcinoma. Recently ADR, lethargic, and uncomfortable.

Abnormal PE/Chem/CBC/UA Results: PE: Firm SQ swelling under prepuce/cranial to prepuce along laparotomy incision, apx 10" x 10" in size. ALP, pre-surgery 5/2022, 17,329. After surgery 7/2022, ALP 1,750 USG FNA drainage of mass along ventral midline (cystic/walled off portion): 50mL thick, red, purulent appearing material. Sample collected for C&S pending cytology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.58 cm. The right kidney measured 7.72 cm with slight pyelectasia.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 4.1 x 0.87 cm at the cranial pole and 0.96 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself with uniform enlargement. Minor, heterogenous parenchymal changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall was echogenic with mild polypoid changes.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

A ventral, subcutaneous mass was noted in this patient and consistent with abscess measuring approximately 10.0 cm. There was no overt penetrating foreign body noted; however, this cannot be completely ruled out. I recommend surgical approach. The mass did not appear to enter into the abdominal cavity.

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ULTRASONOGRAPHIC FINDINGS

Mild gallbladder fibrosis.

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Subcutaneous/body wall abscess. There is a potential for underlying neoplasia or penetrating foreign body, yet surgical intervention is recommended.

Age related abdominal changes.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation may be ideal for surgical approach and planning. Ultrasound-guided drainage was performed without complication.

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Dr. Peyser

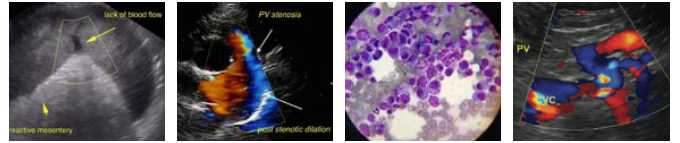
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com