

**DATE**

2/27/23

**PATIENT**

Cooper Williams

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Male, neutered

**AGE**

4/5/2008

**WEIGHT**

61.5 lbs.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
 Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

**HOSPITAL NAME**

Animal Emergency  
 Hospital

**REFERRING VET**

Dr. King

**INVOICE**

14642

**PRESENTING CLINICAL SIGNS**

Hx of heart murmur, never had issues or needed medication. Hx of IVDD- currently no meds, some trouble with hind/stiff 2 days ago started with diarrhea, profuse/watery. Vomited multiple times in past 12 hours, large amount in lobby the mother of owner gave a new treat prior to this starting. Hx of gastrotomy in 2022-- did not recover well. Hx of elevation of AIKP-- Lower than last time we saw him; Scoped out FB in April 2022 here.

Current Medications: Metoclopramide, Metronidazole, Protonix, Provable.

Lab Results: ALP 1893, leukocytosis with a neutrophilia and monocytosis

Radiographs: material in stomach-- grass vs fabric Possible material in SI as well with concurrent gas distension.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (5.78 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 0.60 cm cortical cyst is observed at the cranial pole. Mild pyelectasia is present (0.32 cm in the longitudinal plane). There is no evidence of hydroureter.

The right kidney is normal size (5.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is borderline enlarged (0.65 cm at cranial pole) (0.89 cm at caudal pole) (3.13 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**Spleen**

The spleen is normal in size (1.80 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. Several varying sized hyperechoic nodules are observed throughout the organ, the largest measuring 2.26 cm in diameter. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of hyperechoic debris is

observed within the lumen, some of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen contains irregular shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The shadowing material extends from the gastric lumen through the duodenum and into the small intestine. The bowel appears plicated in areas surrounding the shadowing material. The gastric wall is mildly thickened (up to 0.66 cm) with retention of the normal layering pattern. The small intestinal wall in the region of the shadowing material is borderline thickened. The colonic wall is normal.

### ***Pancreas***

A portion of the pancreas is obscured by the imaging artifact from the shadowing material within the bowel. In the visualized portions, no obvious abnormalities are seen.

### ***Free Abdomen***

The mesentery in the cranial abdomen is hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Suspected linear foreign body extending from the gastric lumen into the jejunum.
- Cranial peritonitis is present, likely secondary to bowel pathology.

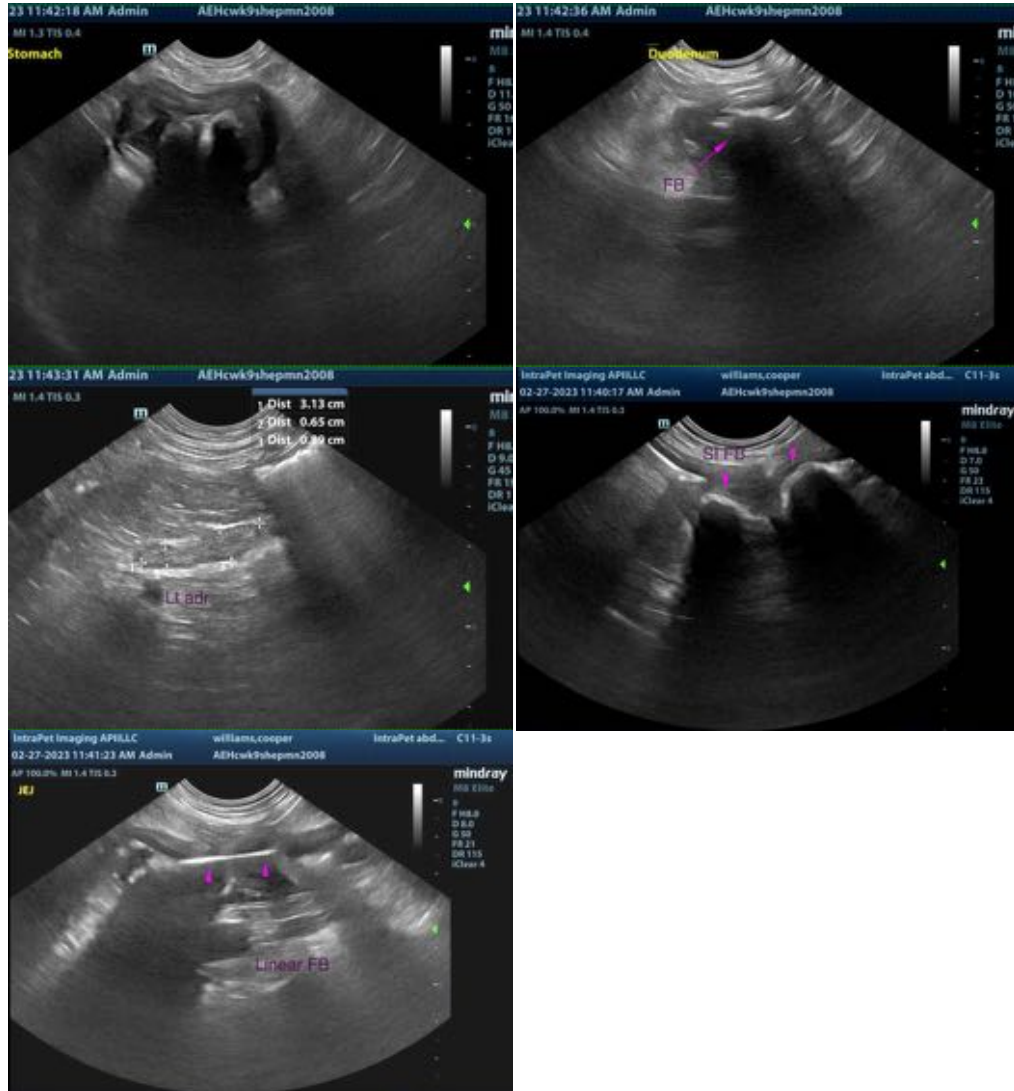
### **Secondary Findings:**

- The hyperechoic hepatic nodules trend toward the benign (i.e., regenerative nodules) with a lower possibility of neoplasia or inflammatory foci.
- Bilateral, chronic renal changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An abdominal exploratory with removal of the foreign material is recommended along with acquisition of GI biopsies to assess for underlying pathology. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia and other pathology.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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