



**PATIENT**

Hank Strickland

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Male Intact

**AGE**

09-03-2017

**WEIGHT**

117

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Animal Hospital of SC

**REFERRING VET**

Dr Gibson

**INVOICE**

22855

**DATE**

4-9-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: BAR, mm: pink, moist, CRT < 2 sec, Oral: moderate tartar, maxillary canine teeth fractured, EENT: WNL, H/L: arrhythmia, GI: WNL, Skin: firm mass 1.5 cm of the right thorax  
CBC/Chem: ALT: 157 U/L

Radiographic Findings: bronchointerstitial pattern, increased opacity of base of heart, couldn't obtain VD/DV, p decompensated

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4.0 cm, are normal.

The prostate is enlarged (at least 5.3 cm in width) with relatively smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and heterogenous in appearance, with several, tiny cystic areas throughout the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (8.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.41 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.82 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape and 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 right adrenal gland is normal in size (0.39 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (2.14 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 peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary tracts are normal. Hepatic veins appear dilated.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



**PATIENT**

Hank Strickland

layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**SPECIES**

Canine

**Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

German Shepherd

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**SEX**

Male Intact

**Free Abdomen**

The mesentery throughout the abdomen is hyperechoic. A moderate amount of suspended free fluid is present.

**AGE**

09-03-2017

**Other**

The testicles are subjectively normal-in-size and symmetrical with homogenous parenchyma.

The caudal vena cava is subjectively dilated.

**WEIGHT**

117

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The ascites and dilated caudal vena cava and hepatic veins are concerning for right-sided congestive heart failure.

**Secondary Findings**

- Minor pancreatic parenchymal remodeling in the right limb
- Bilateral nonspecific age-related renal changes with a right cortical infarct
- The prostate changes are most consistent with cystic benign prostatic hyperplasia. Bacterial prostatitis is possible but considered less likely in the absence of lower urinary tract signs. Prostatic neoplasia is a consideration but also considered unlikely.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Animal Hospital of SC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommendations should be based on the echocardiogram report.

**REFERRING VET**

Dr Gibson

**INVOICE**

22855

**DATE**

4-9-26



**PATIENT**

Hank Strickland

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Male Intact

**AGE**

09-03-2017

**WEIGHT**

117

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Animal Hospital of SC

**REFERRING VET**

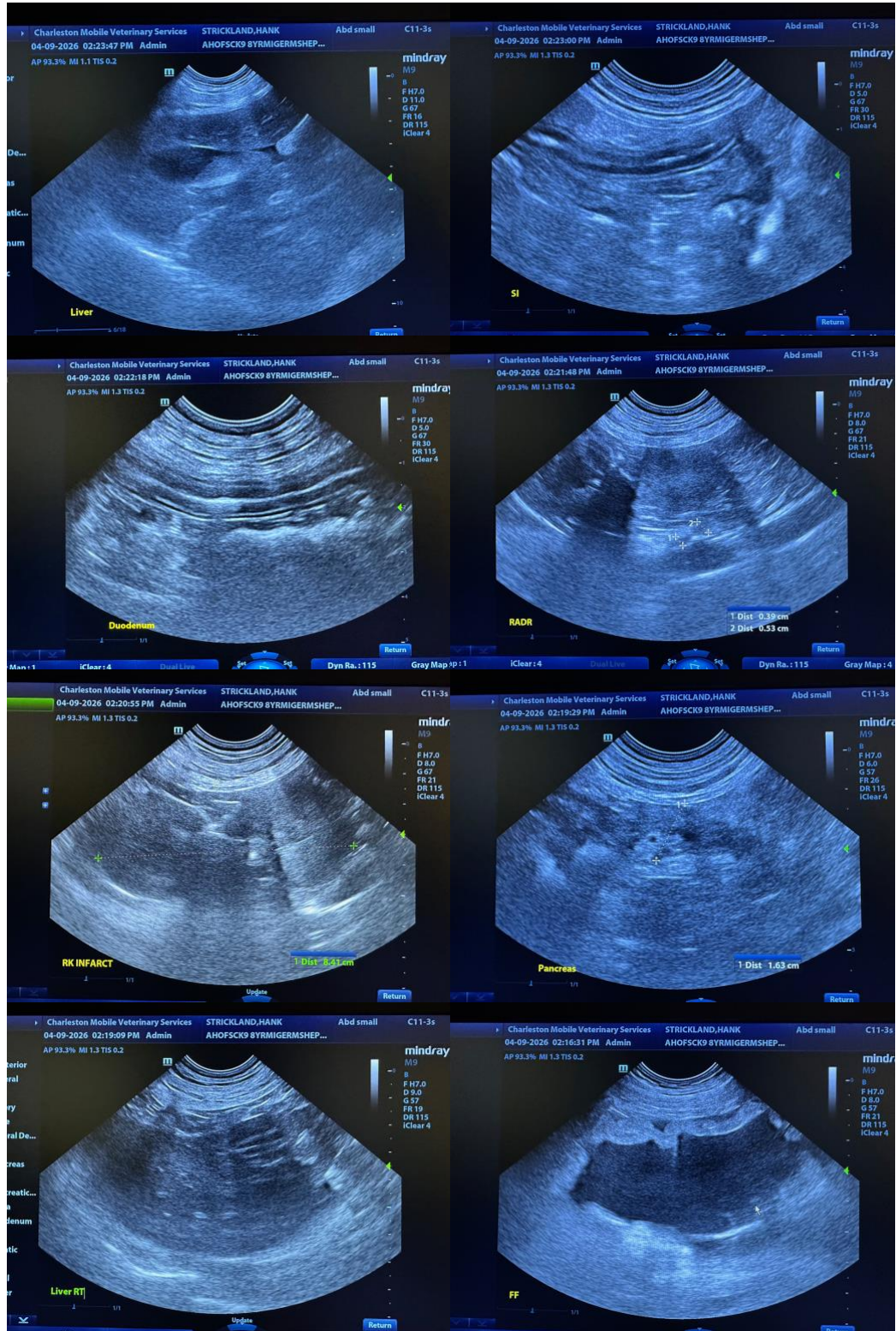
Dr Gibson

**INVOICE**

22855

**DATE**

4-9-26





**PATIENT**

Hank Strickland

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Male Intact

**AGE**

09-03-2017

**WEIGHT**

117

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Animal Hospital of SC

**REFERRING VET**

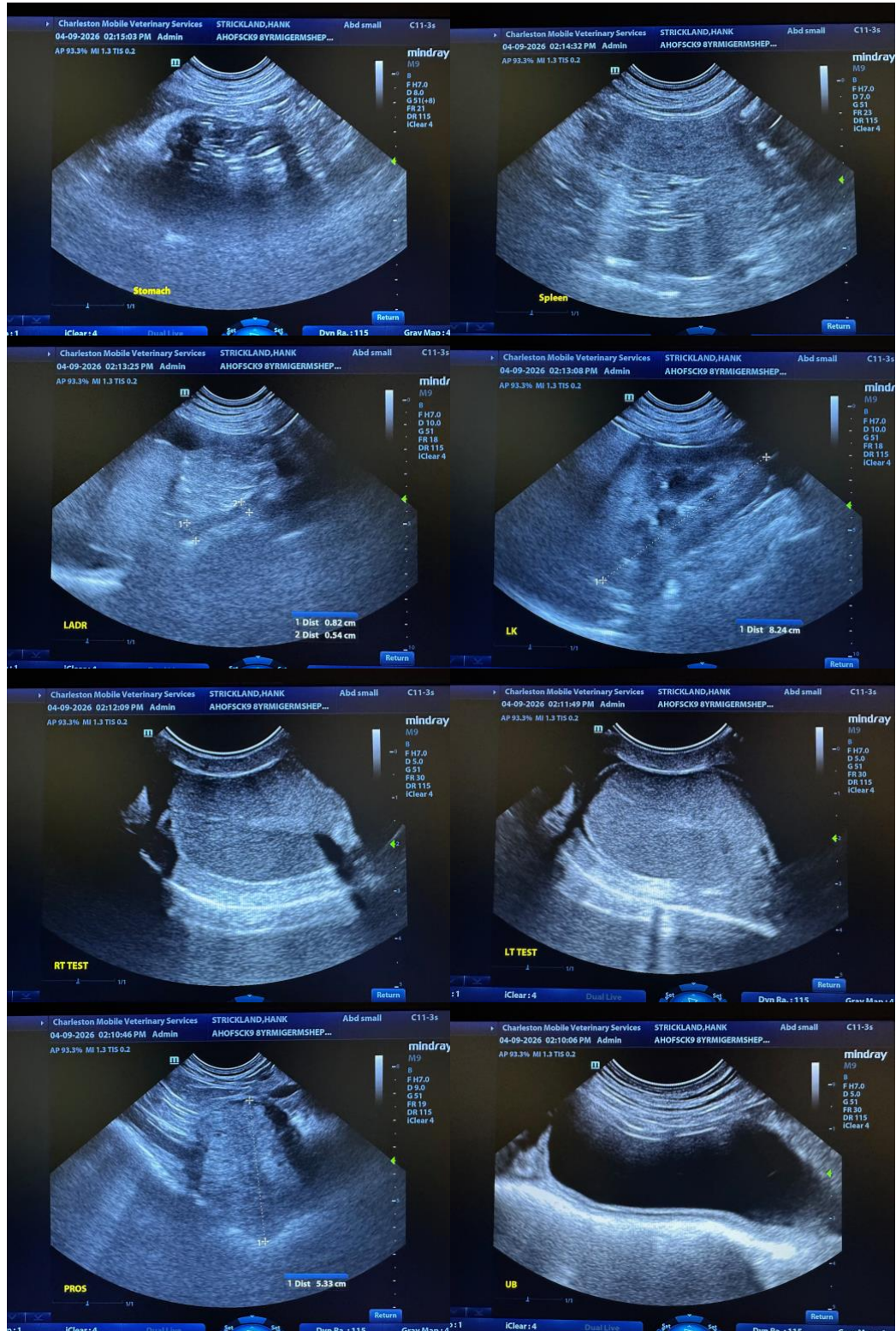
Dr Gibson

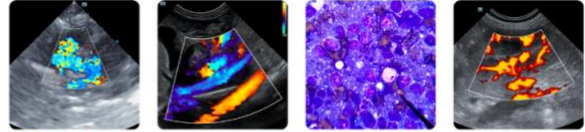
**INVOICE**

22855

**DATE**

4-9-26





**PATIENT**

Hank Strickland

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.

**SPECIES**

Canine

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.

**BREED**

German Shepherd

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Male Intact

**AGE**

09-03-2017

**WEIGHT**

117

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Animal Hospital of SC

**REFERRING VET**

Dr Gibson

**INVOICE**

22855

**DATE**

4-9-26