

PATIENT

Hause Schilsky

SPECIES

Canine

BREED

Mastiff

SEX

Male, intact

AGE

11/20/2019

WEIGHT

173 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

VC Myrtle Beach

REFERRING VET

Dr. Rodger

INVOICE

13498

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- 2/20: lethargy, marked hyporexia, ~6% weight loss in ~2 weeks
- dx w/ prostatitis ~2-3 weeks ago after becoming lethargic, hyporexic
- initially responded well to abx therapy, but declined last week. O has not been able to administer oral meds
- hx of intermittent diarrhea for the last few months
- PE: unable to palpate prostate d/t size, no overt pain response; appears stiff in the hind; mm pink/most; soft abdomen
- azotemia identified on BW
- administered LRS 500 mL SQ + buprenorphine 0.01 mg/kg IM
- 2/21:
 - no interest in food
 - hospitalized w/ iv fluids, buprenorphine, cerenia, enrofloxacin
 - mild improvement in azotemia on BW at end of day

- 2/23:

- no interest in food
- continued hospitalization, added dexamethasone 10mg
- BW & UA submitted to Antech - pending results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (5.07 cm in width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (9.72 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 (9.33 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.

Adrenal Glands

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.74 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 (1.41 cm at cranial pole) (0.72 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.



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Spleen

The spleen is normal in size (1.61 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 to slightly prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

A moderate amount of anechoic free fluid is present.

Other

The testicles are subjectively normal in size (left 4.2 x 2.5; right 4.5 x 3.3 cm) symmetrical and homogeneous in appearance.

A brief echocardiogram reveals evidence of pleural effusion and a possible vegetative lesion on the aortic valve.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral nonspecific, age-related renal changes
- Ascites. Broad considerations include low oncotic pressure, increased hydrostatic pressure, increased vascular permeability, other.

Secondary Findings:



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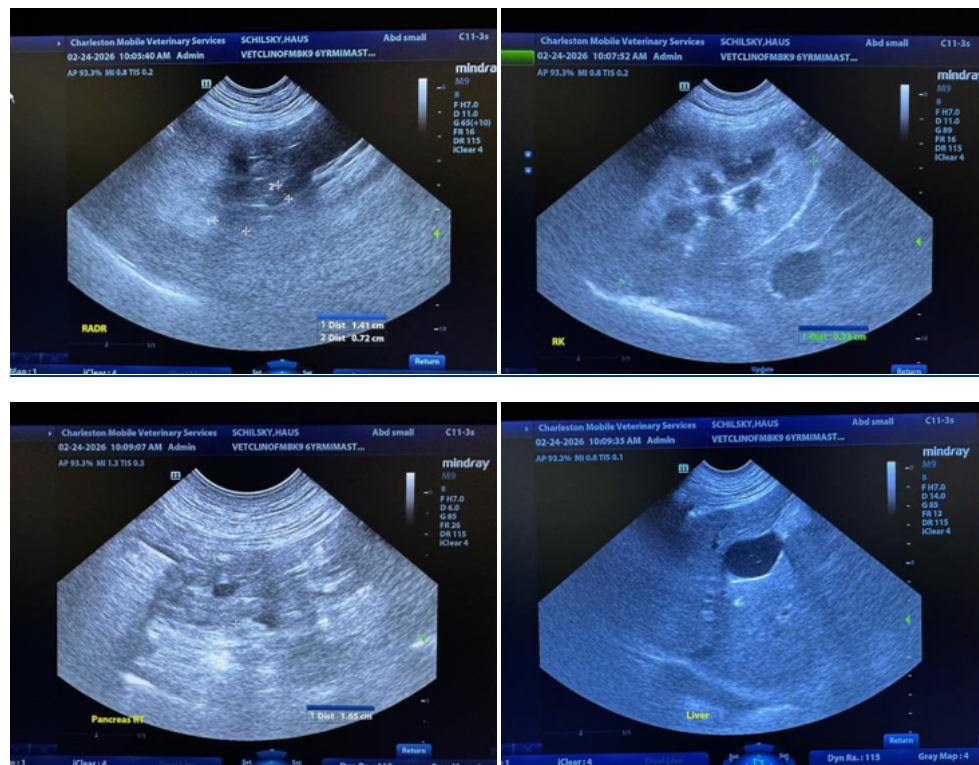
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- Minor pancreatic parenchymal remodeling in the right limb
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) and passive congestion with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The prostate changes are most consistent with benign prostatic hyperplasia. Concurrent bacterial prostatitis is also possible. Correlation with the patient's clinical history is recommended.
- Minor pancreatic parenchymal remodeling in the right limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A urinalysis along with a UPC are recommended. A urine culture and sensitivity would also be ideal preferably on a pre-antibiotic sample.
2. Three-view thoracic radiographs are also recommended.
3. Further recommendations should be based on the echocardiogram report. In the meantime, broad spectrum antibiotic therapy and other symptomatic measures are recommended.





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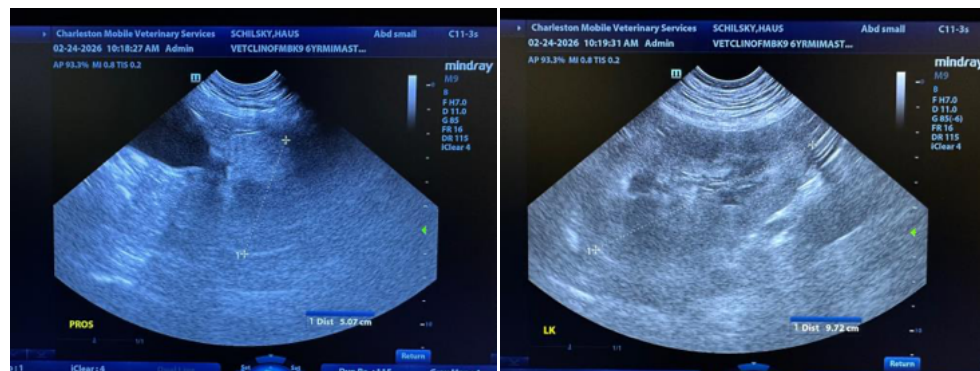
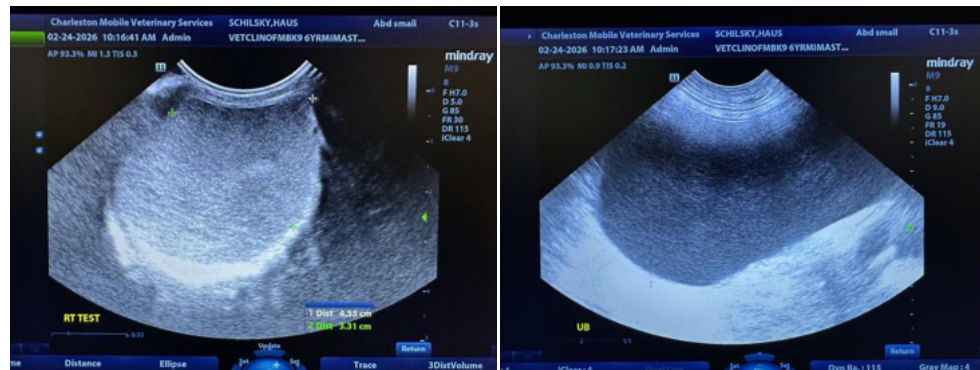
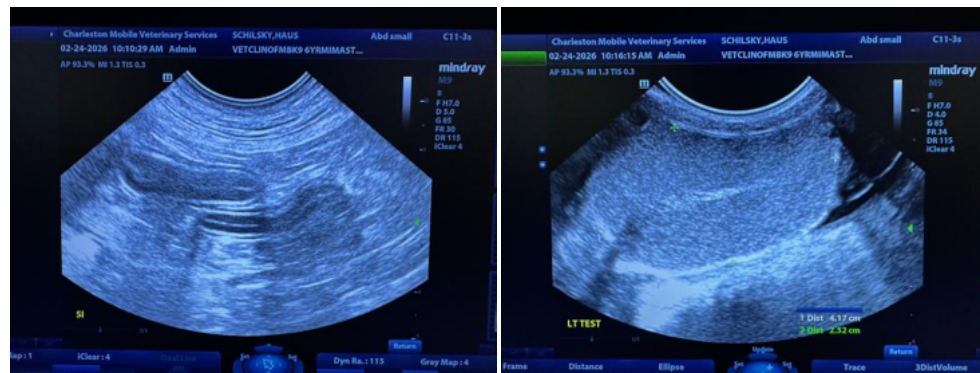
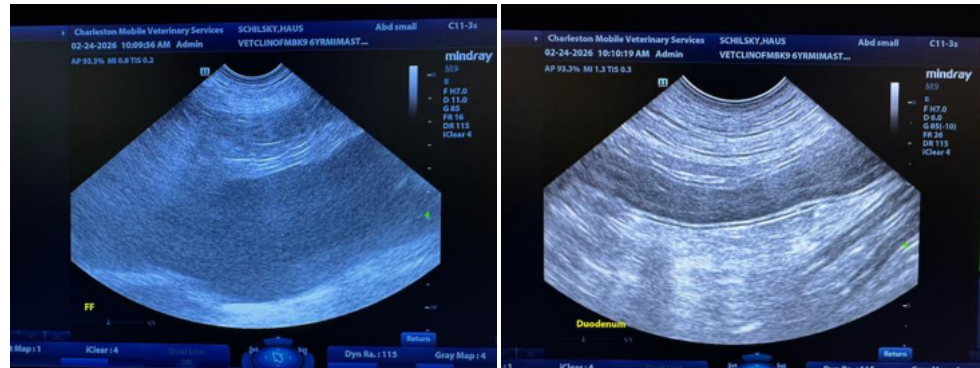
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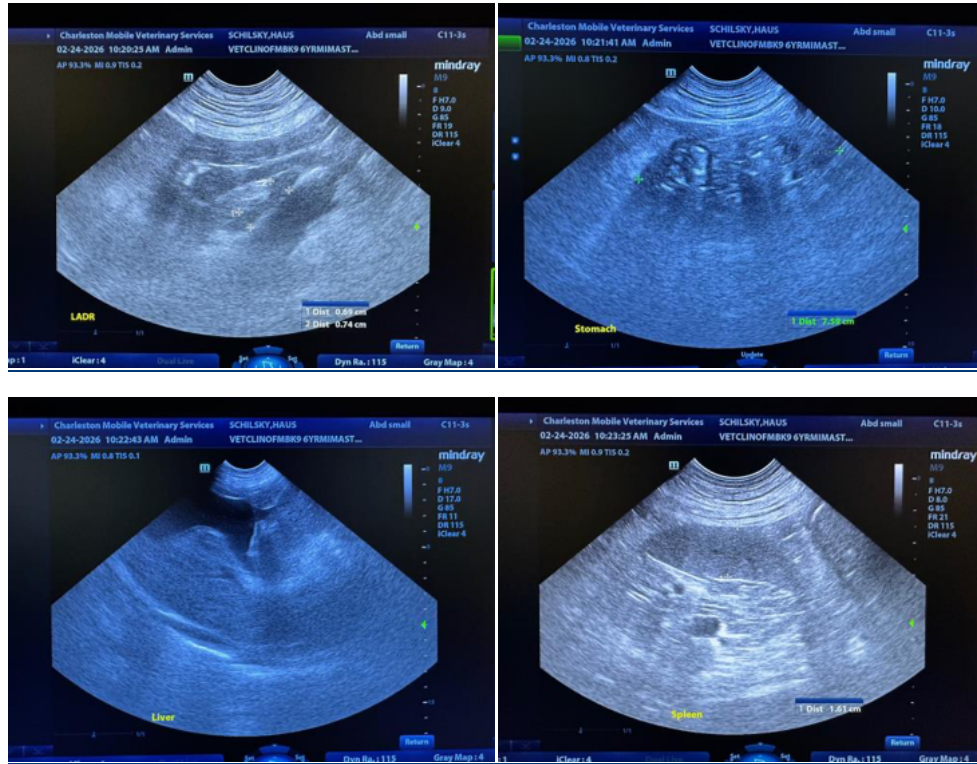
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com