



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Diego Cerquiera	Persistent hematuria. Current Medications Gabapentin, possibly trazodone.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Hematuria, pyuria, bacteriuria on Dec 8th, treated with antibiotics (Clavaseptin). Did not repeat UA at last visit as clavaseptin was still on board. 4dx wnl in May
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Presa Canario	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.
Intact Male	There is hyperechoic prostatic tissue visualized caudal to the neck of the bladder. Beneath the neck of the bladder there is an ovoid structure measuring 2.9 cm x 4.8 cm. In some views it appears to be attached to prostatic tissue and may represent a periprostatic abscess versus an enlarges sublumbar lymph node.
<b>AGE</b>	The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left measures 7.94 cm. Right measures 8.25 cm.
10 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
57 kg	Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 2.44 cm in length x 0.82 cm at the caudal pole and 0.48 cm at the cranial pole. Right measures 3.08 cm in length x 0.94 cm at the caudal pole and 0.74 cm at the cranial pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Dr Brittany Sinclair, BVSc(hons), DACVECC	The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Kelly Reschny	The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.
<b>HOSPITAL NAME</b>	Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.
Novel Vet Clinic	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Laing	The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.
<b>INVOICE</b>	The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall
72057	
<b>DATE</b>	
1/8/26	



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Intact Male

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**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

**Lymph Nodes**

The structure in the area of the sublumber lymph node is more strongly suspected to be associated with the prostate.

**Free Abdomen**

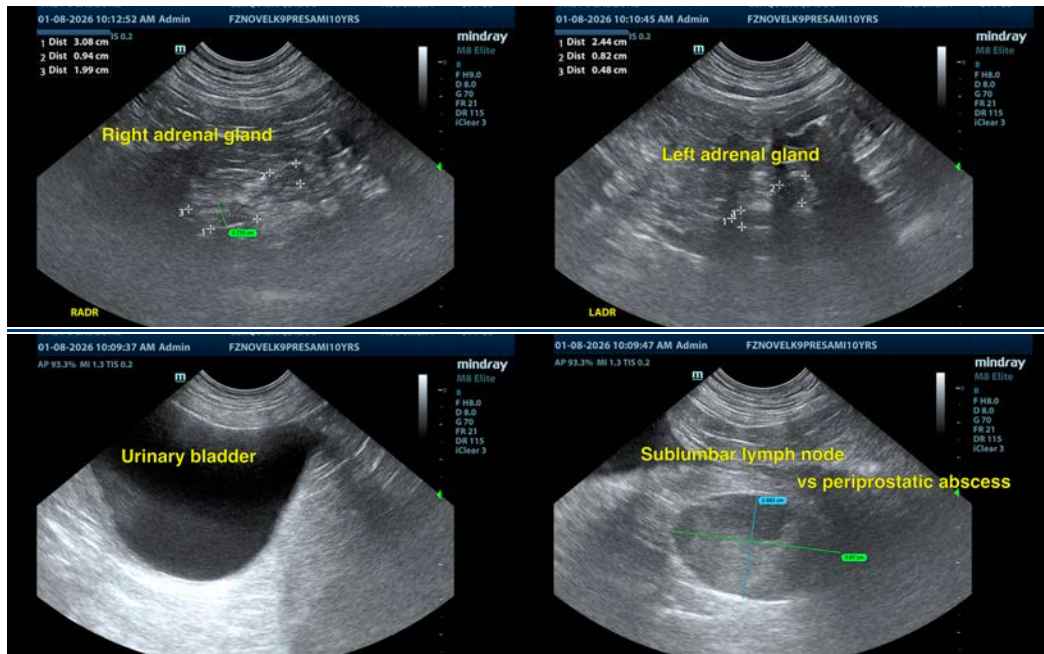
No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Ovoid structure abutting or associated with the prostate.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The periprostatic ovoid structure is concerning for a prostatic fluid accumulation or abscess. FNA of the structure is recommended with culture if grossly purulent material is obtained. Prostatic abscess is a concern.





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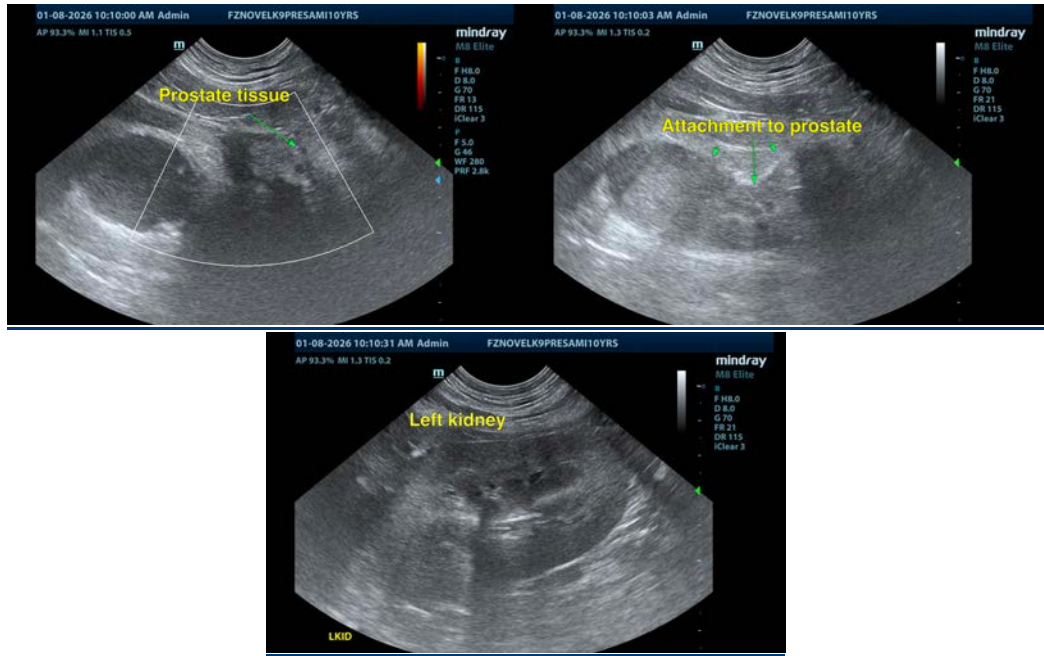
Dr. Laing

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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com