



PATIENT

Lucilla Peacock

SPECIES

Canine

BREED

Mix

SEX

AGE

7 ½ years

WEIGHT

51.6 lbs

PRESENTING CLINICAL SIGNS

History: BAR. No obvious masses palpable in ABD, but Patient very tense. Spleen appeared rounded on recent AXR. No obvious heart/lung abnormalities but panting. Recently, NWB on RH and CCL tear noted on Rads. Patient is weight-bearing on the RH today but limping with weight mostly on the LH. On caprofen. SQ ventral abd mass, FNA = lipoma. Otherwise, normal amount of shedding; hair coat in good condition. Oral mass located on the lingual side of 204. Biopsy site healing well. Mass observed when Patient sedated. LNs = NSF

4/2026

ACTH STIM = NSF

Punch Bx of oral mass = Peripheral odontogenic fibroma (fibromatous or ossifying epulis)

PT/PTT = NSF

3/2026 CBC RBC NSF, WBC NSF, PLT NSF

Chem BG NSF, KES NSF, electrolytes NSF, proteins show slight and selective, hyperalbuminemia, LES NSF T4 NSF

4dx negx4

CXR/AXR/Skull Rads to IDX: CONCLUSIONS: The oral mass is not definitively identified on the radiographs and definitive bony lysis within this region is not seen. This does not exclude the possibility of the mass invading into the maxilla. The thoracic cavity is within normal limits with no evidence of pulmonary metastatic disease or intrathoracic lymphadenopathy. The abdomen shows mild rounding of the spleen which could be positional in nature. Extra medullary hematopoiesis or hyperplasia could be present.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses. The urethra revealed poor tone with luminal fluid and was dilated up to 0.7 cm. The urethra was imaged up to 4.0 cm caudal to the cystourethral junction. 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.76 cm. The right kidney measured 6.58 cm.

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 0.5 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.6 cm at the caudal pole.



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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was 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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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.

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.

ULTRASONOGRAPHIC FINDINGS

Poor urethral tone. Otherwise, structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral disease that is responsible for the tense abdomen. I recommend assessing for referred back pain as a potential cause, yet this is a normal abdomen and thorough sonogram. Assessment for any evidence of recurrent UTI or incontinence.



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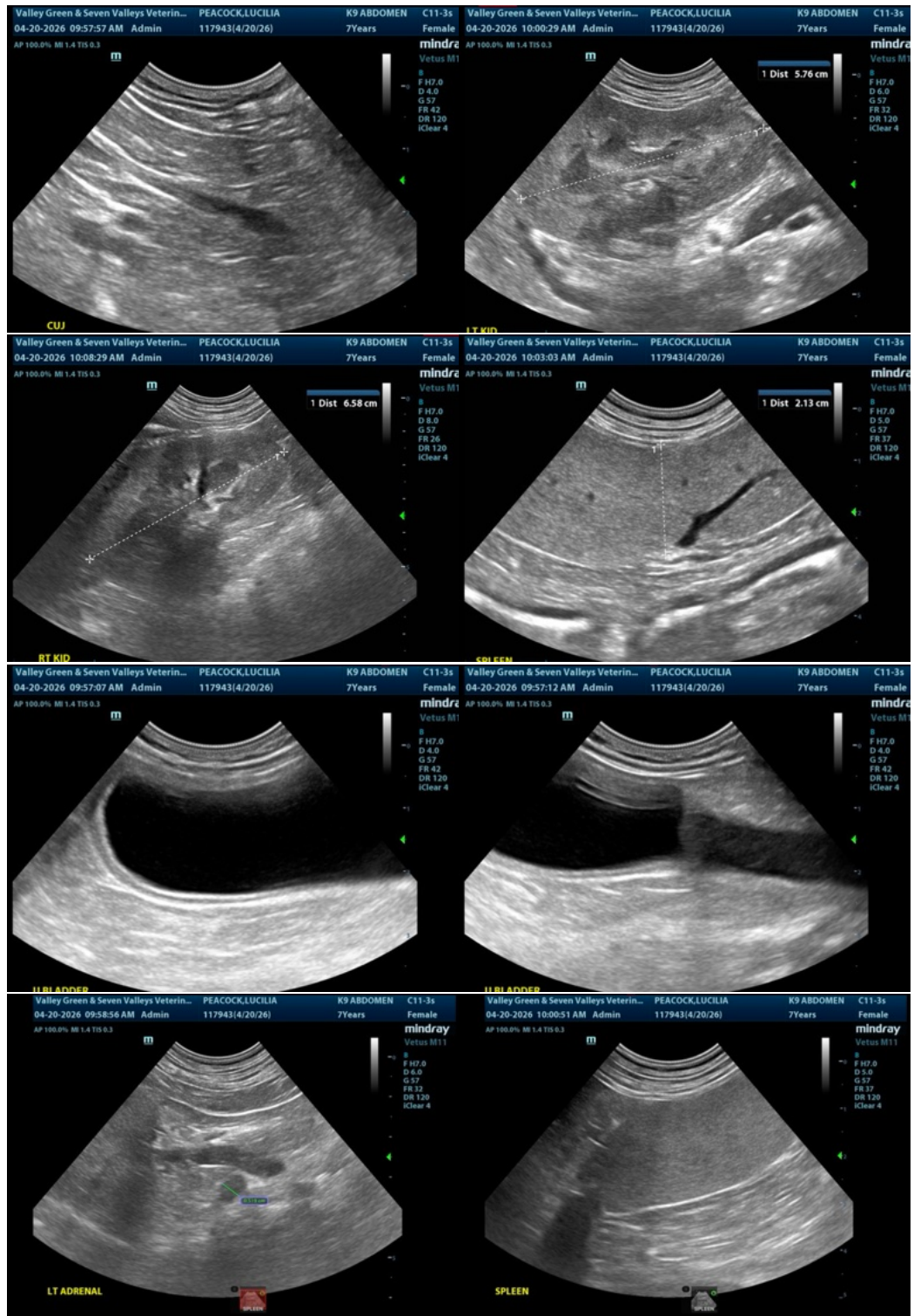
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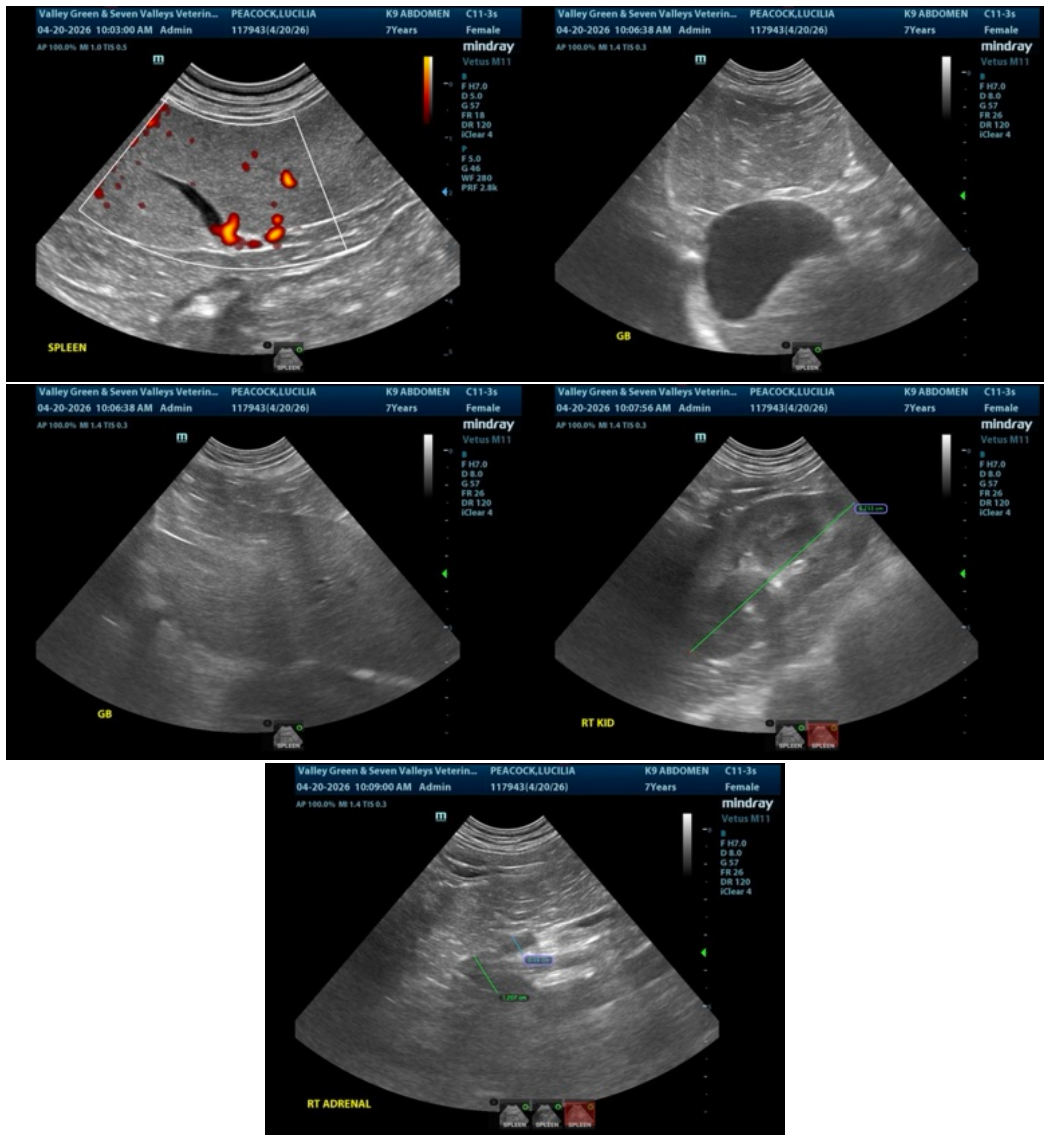
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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