



## PATIENT

Coco Fancher

## SPECIES

Canine

## BREED

Schnauzer

## SEX

Spayed female

## AGE

15 years

## WEIGHT

14.9 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Brenner

## HOSPITAL NAME

Riverside Animal Clinic

## REFERRING VET

Dr. Brenner

## INVOICE

74018

## DATE

4/1/26

## PRESENTING CLINICAL SIGNS

- 1 year front limb lameness Deramaxx has helped. Added Amantadine 7 months ago. Added Gabapentin 6 months ago. Tried Librela November 2025 and December 2025. January 2026 did not continue Librela not seeing significant improvement.
- February 2026 vomiting, stopped Deramaxx and Amantadine and vomit resolved. Restarted Deramaxx and Amantadine and vomit with diarrhea started again. Cerenia and propectalin resolved GI upset.
- Tried Galliprant and Gabapentin only and vomit returned 1month later. Stopped Galliprant and vomit resolved.
- Only using Gabapentin and lameness front persists. Polydipsic with no polyuria noticed recently.
- April retried Librela.
- February 2025 no pain front limb palpation, luxating right patella, crepitus left stifle. September 2025 lobulated mass dorsal rectum, right shoulder decreased range of motion, crepitus bilateral stifles with both patellas luxating. ALKP 860. November 2025 lame Left forelimb pain elbow radiographs left elbow arthritis with osteophytes. March 2026 ALT 155 (19-125), ALKP 1363 (23-212). April CBC normal RBC but Microcytic MCV 59.8 (61.6-73.5). Chemistry ALKP stable 1444, normal ALT. UAS USG 1.023, pH 8, inactive sediment. Radiographs progressing DJD left elbow and moderate in right elbow. Growing dorsal rectal mass.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted. The right kidney measured 5.17 cm. The left kidney measured 4.78 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal measured 1.46 x 0.47 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 1.3 x 0.42 cm at the cranial pole and 0.41 cm at the caudal pole.



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## Spleen

The **spleen** revealed hyperechoic lipid plaques with an overt parenchymal mass at the caudal pole. The cranial pole of the spleen revealed a mixed, echogenic to hyperechoic 2.0 x 2.2 cm mass. This may be a benign lipogranulomatous change. However, focal capsular swelling was noted. Hyperechoic, nodular changes were noted elsewhere in the spleen consistent with lipogranulomas. However, connective tissue/stromal tumor is a potential.

## Liver

The **liver** was uniformly swollen with coarse architecture, mildly increased portal markings and subtle, mixed echogenic changes. Occasional hypoechoic nodule was noted. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Minor gallbladder debris and polyps were noted. Mild over distension was noted. The common bile duct was followed to the duodenal papilla. Slight, focal dilation was noted at the duodenal papilla measuring 0.59 cm.

## 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

Splenic nodules and overt mass.

Subjectively benign hepatopathy.

Chronic gallbladder changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Proactive splenectomy is likely in this patient's best interest. I recommend splenectomy, liver inspection and biopsy. Manual expression or proactive removal of the gallbladder would be ideal. FNA of the spleen and liver can be considered from a proactive standpoint.



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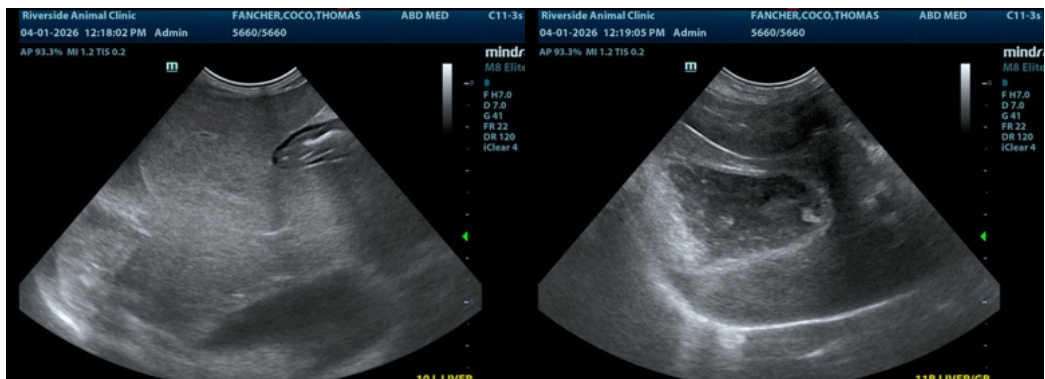
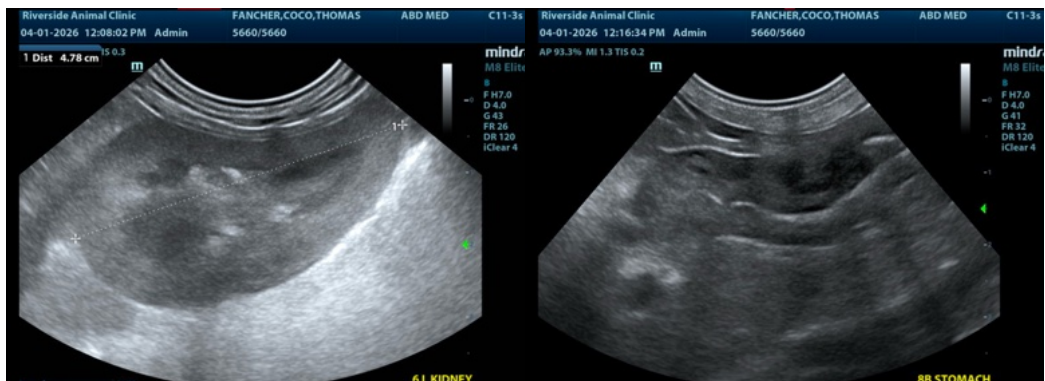
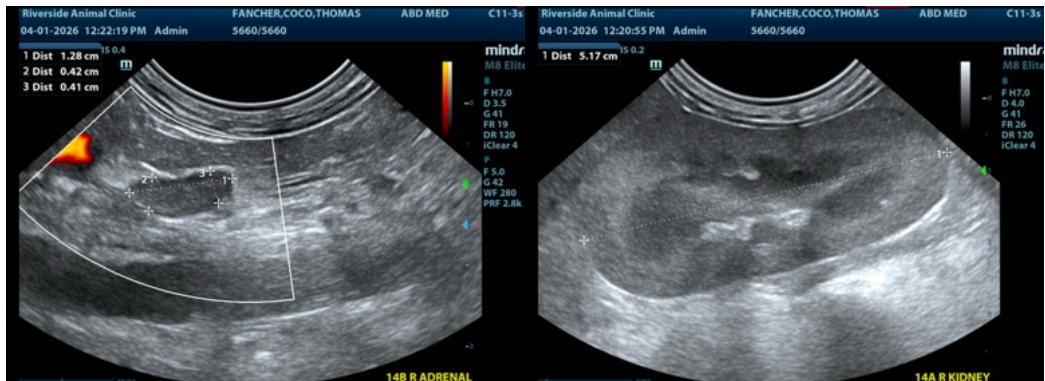
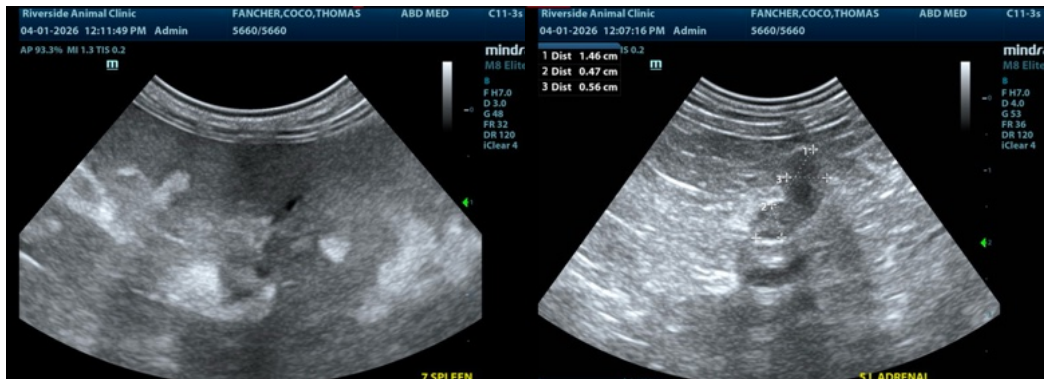
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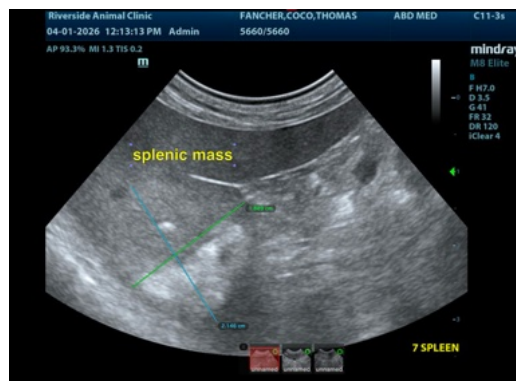
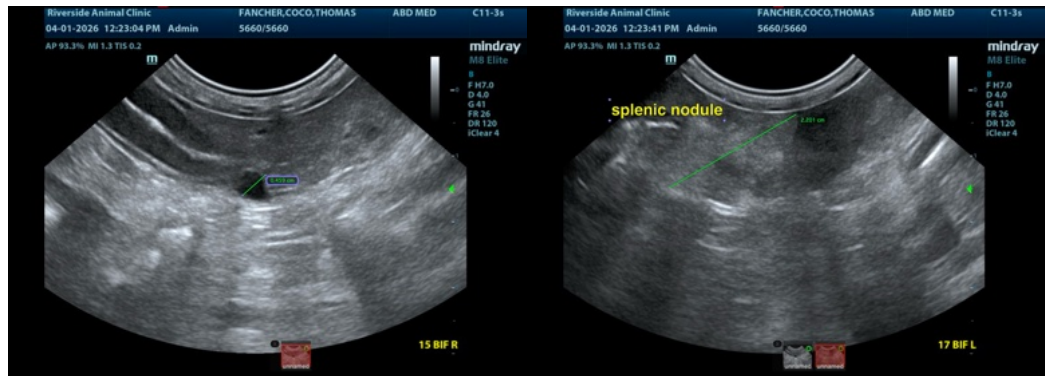
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)