



PATIENT	PRESENTING CLINICAL SIGNS
Holly Pippa Valenza	History: hyporexia; possible difficulty chewing but nothing found when dental performed. Scan today to R/O abdominal issue before proceeding with further diagnostics/+/- head CT. On pepcid, cerenia, entyce.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CPL normal, ACTH stim normal, CBC/chem wnl; UA: 2-3 wbc's per hpf, USPG 1.040
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Samoyed	Urinary System
SEX	The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.
Spayed Female	Kidneys
AGE	The left kidney measures 5.92 cm. The capsule is smooth. Its overall architecture is well preserved for a dog of Holly's age, with only a very mild loss of the normal definition of the cortico-medullary junction. Very mild mineralization of the diverticulaire and pelvis, without signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.
10 Years	The right kidney measures 5.30 cm. Findings are similar to the left kidney.
WEIGHT	Blood flow to both kidneys is considered within normal limits.
60.2 Pounds	Aortic bifurcation/trifurcation
INTERPRETED BY	No abnormalities observed.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Adrenal Glands
IMAGING PERFORMED BY	The left adrenal gland measures 0.50 cm at the cranial pole, 0.47 cm at the caudal pole and 2.61 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
Diane McFadden	The right adrenal gland measures 0.86 cm at the cranial pole, 0.32 cm at the caudal pole and 2.75 cm in length. No abnormalities are noted with the gland's overall, echogenicity or echotexture. The cranial pole is wider and more "square" in shape compared to normal, however an actual mass is not visualized. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
HOSPITAL NAME	Spleen
American AH	The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
REFERRING VET	Liver
Dr. Stockmal	There are no obvious signs of hepatomegaly, and its borders are smooth, but mildly sharp to rounded, depending on the lobe evaluated. The liver's echotexture is homogeneous; however, it is diffusely hyperechoic, i.e., it is hyperechoic to the falciform fat and the spleen). No abnormalities are observed with the hepatic vessels visualized.
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DATE	
4/18/22	



PATIENT

Holly Pippa Valenza

The gallbladder wall is within normal limits in thickness and echogenicity. There is a trivial amount of echogenic material within the GB when evaluated from the left. No evidence of edema is present surrounding it. There are no signs of an obstruction based on the appearance of the biliary tree.

SPECIES

Canine

Gastrointestinal

The gastric wall is severely thickened measuring 1.47 cm to 2.33 cm. It is hypoechoic with a marked loss of definition of the normal architecture of the wall layers. The latter is primarily affecting the mucosa. No obvious abnormalities are observed with its peristalsis. The surrounding mesentery is moderately to severely hyperechoic.

BREED

Samoyed

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

SEX

Spayed Female

The colonic wall is not thickened, and mural detail is considered normal.

Pancreas

No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

AGE

10 Years

Other

WEIGHT

60.2 Pounds

Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

There are no signs of carcinomatosis or lymphomatosis along the body wall.

Heart

A video clip of the heart was submitted. There is no evidence of pericardial or pleural effusion or pulmonary edema. Chamber size and contractility are considered within normal limits. An obvious mass in the right atrium and right ventricle are not observed, however a mass may be overlooked in the absence of pericardial effusion.

IMAGING PERFORMED BY

Diane McFadden

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

American AH

- Infiltrative disease of the stomach is suspected, such as lymphoma or possibly a mast cell tumor. An adenocarcinoma or leiomyosarcoma are other differential diagnoses, however, a leiomyoma cannot be excluded. Please note, an immune-mediated gastritis cannot be excluded with certainty. A fine needle aspirate of the abnormal stomach wall is highly recommended to achieve a definitive diagnosis. Severe gastritis cannot be excluded with certainty if Holly has had recent episodes of vomiting or if she has a history of having swallowed something irritating or caustic, although this would have likely come up in the history.

REFERRING VET

Dr. Stockmal

- The rounded, nodular effect of the cranial pole of the right adrenal gland may be due to adrenal hyperplasia secondary to stress (chronic illness), or development of a benign adenoma. Hyperadrenocorticism (HAC) is considered less likely based on the absence of clinical signs. Sonographic results should be correlated with clinical signs, i.e., further diagnostics are not considered necessary as Holly is not demonstrating clinical signs of HAC.

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- Very mild renal changes are present, which are consistent with age-related degeneration.

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SPECIES

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Spayed Female

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IMAGING PERFORMED BY

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REFERRING VET

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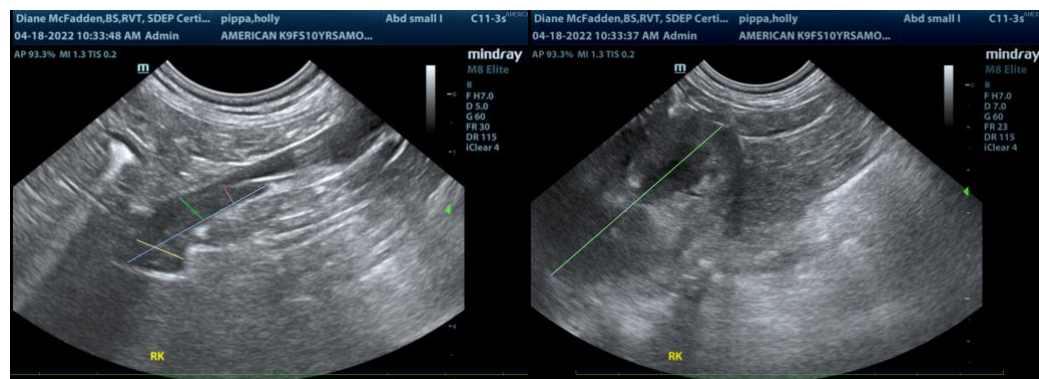
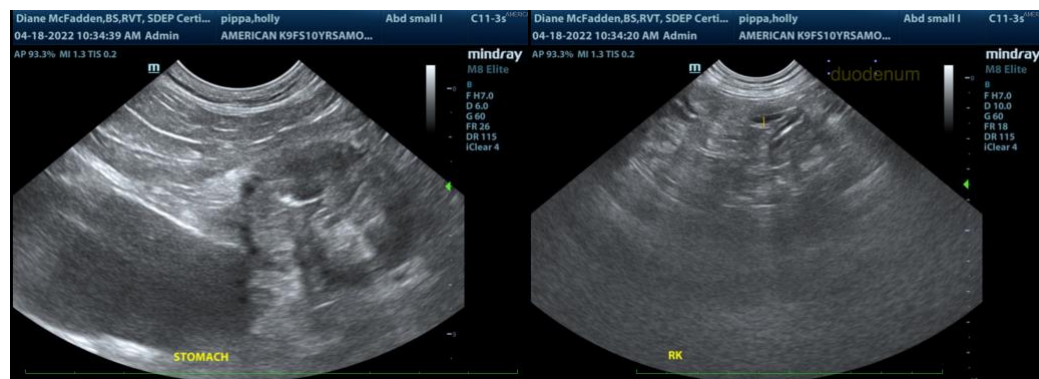
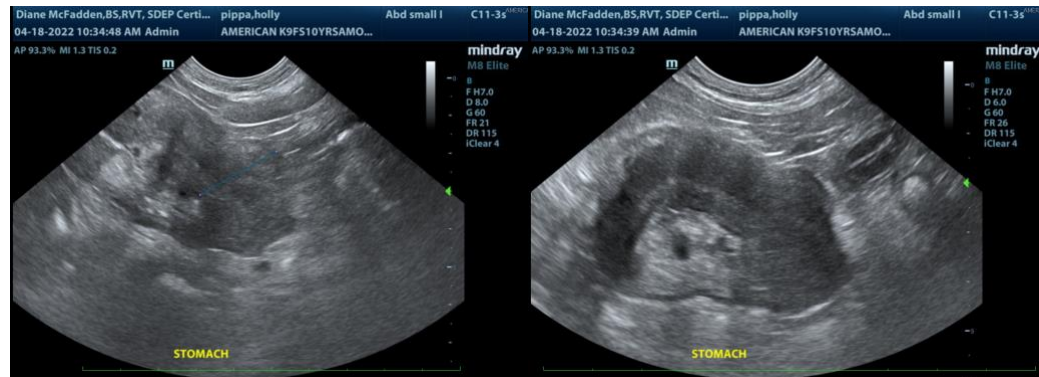
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the abnormal stomach wall is highly recommended to achieve a diagnosis.

It is possible that a fine needle aspirate will not yield a definitive diagnosis and that endoscopy with biopsies will be required.

It would be worthwhile rebooking at the history with the clients to exclude use of herbal or natural supplements, as well as the use of non-steroidal anti-inflammatories.

Holly is likely uncomfortable; therefore, gabapentin is suggested, in addition to her current medications. Omeprazole may be more effective than famotidine, although this can depend on the individual.





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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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REFERRING VET

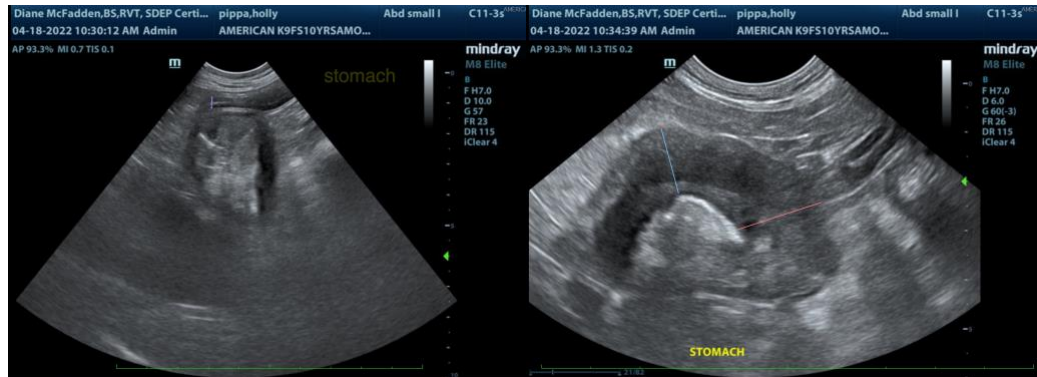
Dr. Stockmal

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com