



PATIENT

Cooper Boyko

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered Male

AGE

4 Years

WEIGHT

40 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

Dr. Sietske Rijnen

INVOICE

15475

DATE

04/25/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea as a puppy. IBD vs. food allergy. has been resolved for the last 1.5 years. Now Rapid, significant weight loss. unremarkable BW No other changes at home in regard to eating, drinking, urination, defecation. currently on interceptor and NexGard spectra GI panel pending

Abnormal PE/Chem/CBC/UA Results: CBC, Chemistry, SDMA, T4): Within normal limits.
TLI/Cobalamin/Folate submitted - results pending Thin BCS (3/9) otherwise unremarkable PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The area of the prostate is normal and measured 1.7 cm with normal appearance and echogenicity. The prostate appears symmetrical.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 7.9 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures XX and the caudal pole measures XX.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

Liver appears overall normal in the provided images. There are several hepatic vessels that appear to possibly be mildly dilated or this may be a normal variation. Consider screening patient for cardiac disease.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal



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The stomach and intestines have normal wall layering and thickness. Colon contains soft stool with normal wall thickness. Duodenum has normal layering and thickness at 4.8 mm width. Colon wall is normal at 1.9 mm width. Jejunum is diffusely normal in appearance and thickness at 5.0 mm width.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Dilated hepatic vasculature.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting NT ProBNP if not already performed. Right heart disease could potentially be the cause of the subjectively dilated hepatic vasculature.

No cause for patient's clinical signs of weight loss seen on this exam. If the pending GI panel suggests chronic enteropathy, consider GI biopsies either surgically or endoscopically.

If patient has not been screened for hypoadrenocorticism, recommend this testing. Also, before any anesthetized procedure, recommend full screening for fecal parasites and pathogens via fecal pathogen PCR test.

Ultimately, if no secondary cause for patient's weight loss is seen and a chronic enteropathy is identified and as mentioned, consider GI biopsies either surgically or endoscopically. Endoscopically if possible as they're more minimally invasive. It is also recommended to obtain three view chest radiographs if not already performed to evaluate for pulmonary or cardiac pathology.





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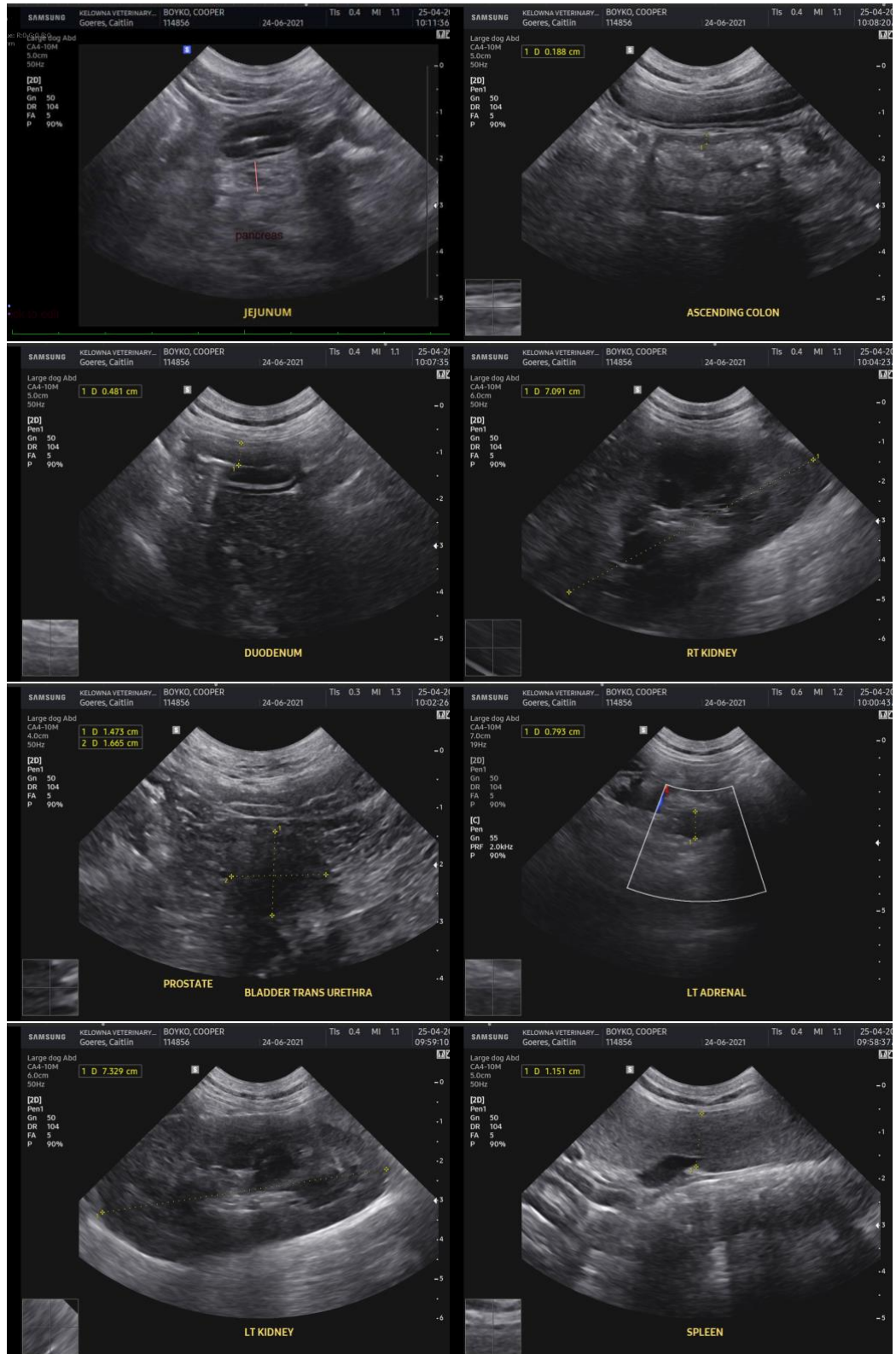
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
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