



PATIENT

Rylee Alchermes

PRESENTING CLINICAL SIGNS

PU/PD, wt. loss, inappetence. Current meds: Doxycycline, Amoxi/Clav.

Abnormal PE/Chem/CBC/UA Results: Alb 2.6; glob 3.8. UA: +1 protein; USG 1.004

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

BREED

Bernese Mtn Dog

SEX

FS

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral minor pyelectasia was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.2 cm in length.

AGE

11yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

57lb

The left adrenal gland was mild to asymmetrically enlarged, exhibiting non-homogenous yet non-mineralized parenchyma. The left adrenal gland measured 0.8 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. No obvious neoplastic criteria or tumors.

IMAGING PERFORMED BY

Shari Reffi CVT

Liver/Gallbladder

HOSPITAL NAME

Mt Olive VH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr Logan

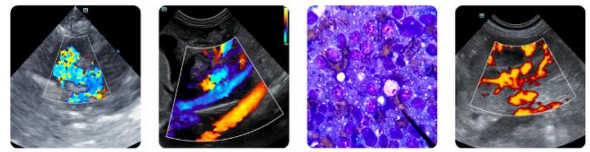
Gastrointestinal

INVOICE 23572

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

01/16/2026



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES

Canine

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

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Free Abdomen

An indistinct, primarily homogenous nodule in the area of the diaphragm and caudal thorax, yet isoechoic to the liver was present measuring ~ 3.3 cm in diameter.

SEX

FS

No overt caudal pleural effusion.

Focal transdiaphragmatic comet tail artefact.

AGE

11yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral chronic renal changes
- Mild non-homogenous left adrenomegaly
- Sonographically normal gastrointestinal tract
- Age-related splenic changes- subjective benign
- Normal liver with mild non-organized gallbladder debris
- Indistinct nodule area of caudal thorax / diaphragm, focal transdiaphragmatic comet tail artifact

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no overt hepatopathy, the mild left adrenomegaly is of unclear clinical significance. Adrenal screening if persistent or progressive clinical signs which may suggest adrenal disease as well as monitoring of systemic BP for evidence of hypertension is recommended.

IMAGING PERFORMED BY

Shari Reffi CVT

Three view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult disease as a contributing factor to the inappetence and weight loss is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample +/- leptospirosis titer / PCR given PU/PD may be considered if clinically indicated.

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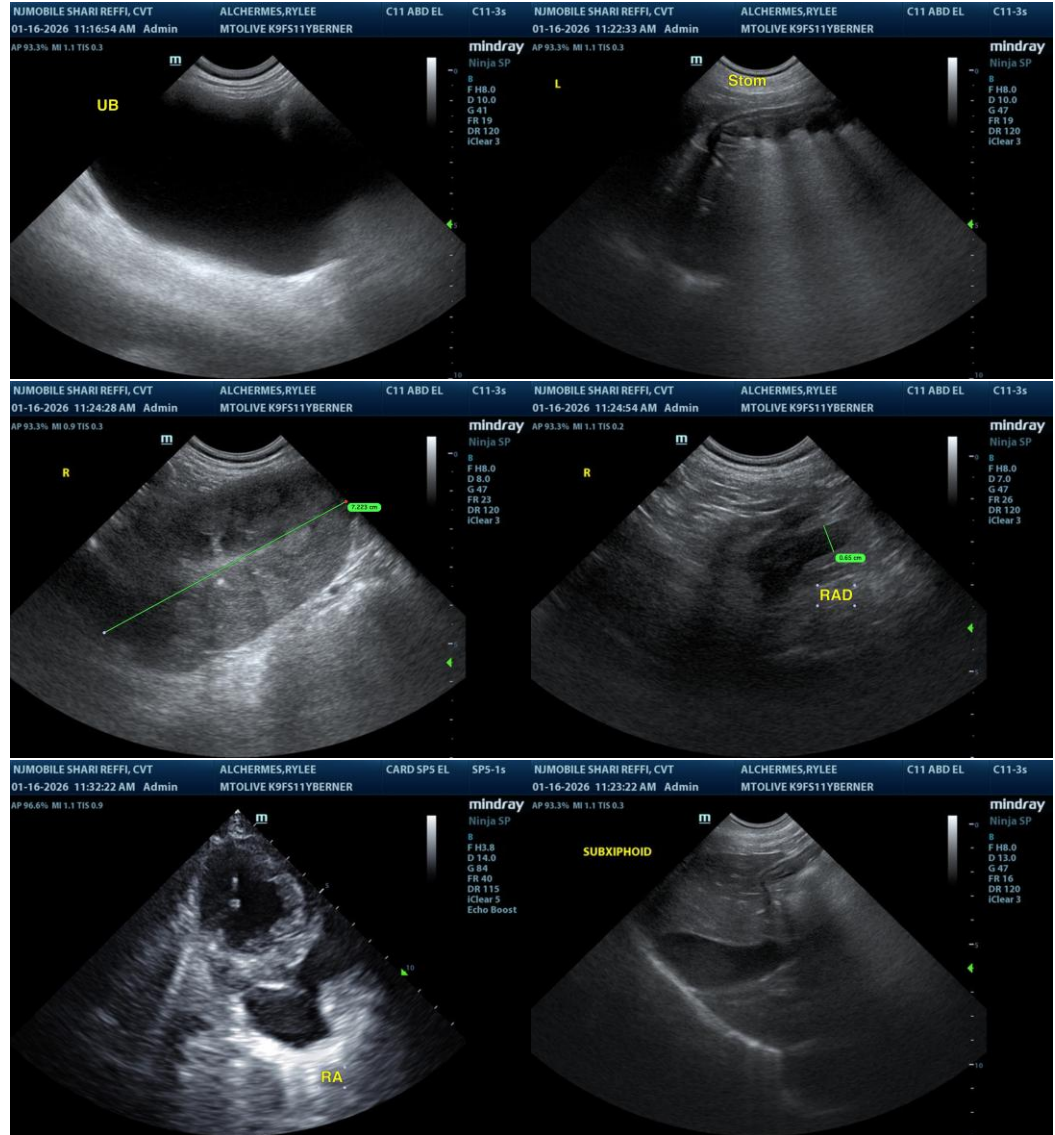
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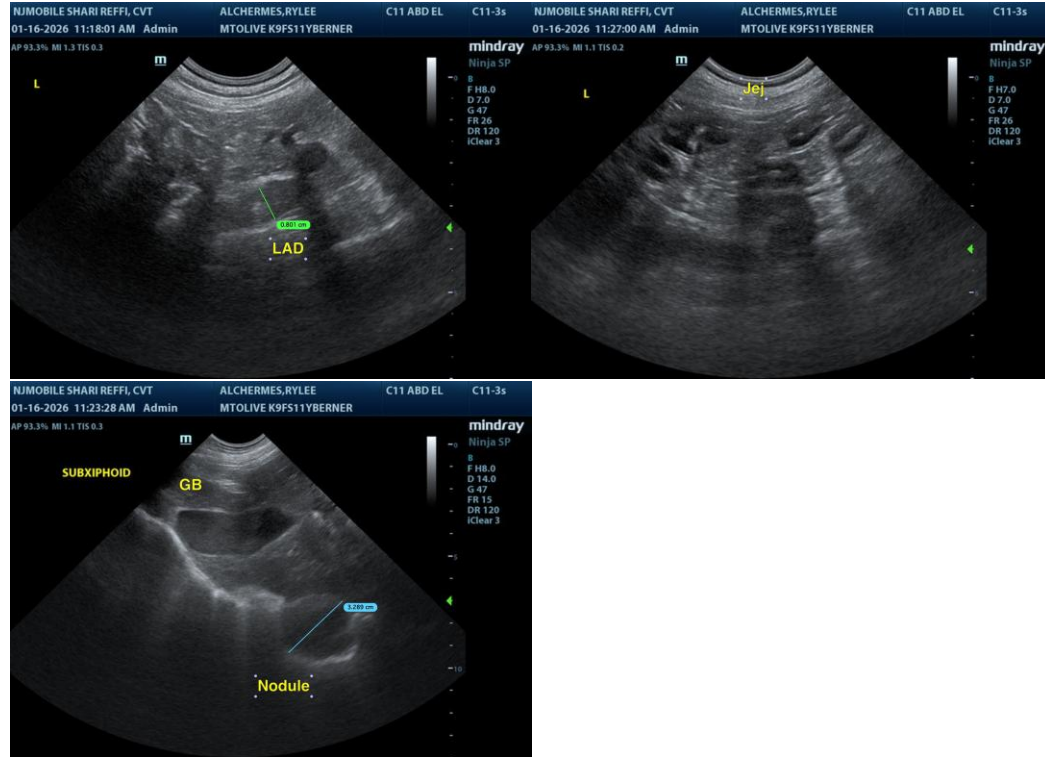
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Shari Reffi CVT

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