



## PATIENT

Kai Schroeder

## SPECIES

Canine

## BREED

Retriever Cross

## SEX

Neutered male

## AGE

12 years

## WEIGHT

79.4 lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Dr. Brandi Barry

## HOSPITAL NAME

Bluegrass AH

## REFERRING VET

Dr. Barry

## INVOICE

74977

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

**History:** Patient presented this AM for routine dental prophylaxis. Weight loss noted on intake; down 5 lbs since last visit 3/19/26. Hx of chronic pyoderma, ear infections, and occasional yeast dermatitis. Skin infection has never completely cleared since patient has been established at our hospital (7/2025) and is being chronically managed with a topical and systemic therapy. Patient started treatment with prednisone 4/6/26 for an aural hematoma AD. Owner reports that water intake has been increased since starting tx w/ prednisone, but urine output and volume seem normal. Patient wakes owner up 2-3x/wk to go outside to use the bathroom, but this is not unusual for him. Patient has been eating Hill's rx dermat diet for ~1 month. Owner reports a normal appetite at home, but less interested in treats lately. Activity has increased since last visit with more frequent walks. Sleeps a lot more than usual. UTD on vaccines, including Lepto, and takes NexGard Plus monthly.

**Abnormal PE/Chem/CBC/UA Results:** Weight loss. Moderate dental calculus with worn down teeth. Nuclear sclerosis OU. Few SQ lipomas present on ventral thorax. Mildly enlarged prescapular LNs bilaterally (historical d/t chronic skin infx). Moderate erythema, alopecia, and v. mild dried yellow exudate present on ventral neck. Hyperpigmentation and alopecia present on bilateral flank and caudal aspect of ventral abdomen. CBC/Chem17/Lytes: EOS 0.04 (L), BUN 45 (H), CRE 1.8 (N), CHOL 475 (H); all else WNL UA SediVue: USG= 1.018. Protein 500mg/dL. Quiet sediment. BP (Doppler): 172mmHg average 4Dx: negative Tape cytology (ventral neck): primarily cocci, clusters of yeast cells, few rods noted

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.6 cm, right measured 7.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.23 cm in length x 0.45 cm and 0.36 cm in width. The right adrenal gland measured 1.88 cm in length x 0.45 cm and 0.43 cm in width.



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## *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 cm in width.

## *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

## *Gallbladder*

The gallbladder is full containing a scant amount of floating, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

## *Gastrointestinal*

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

## *Pancreas*

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the weight loss.



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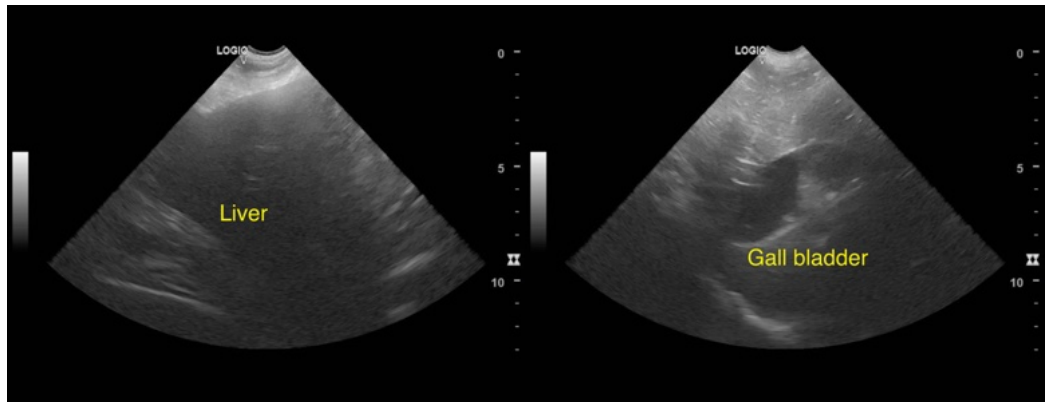
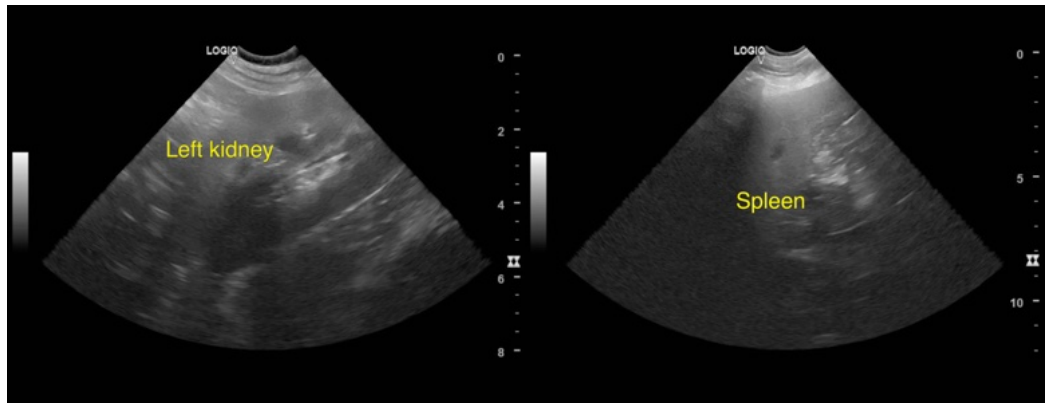
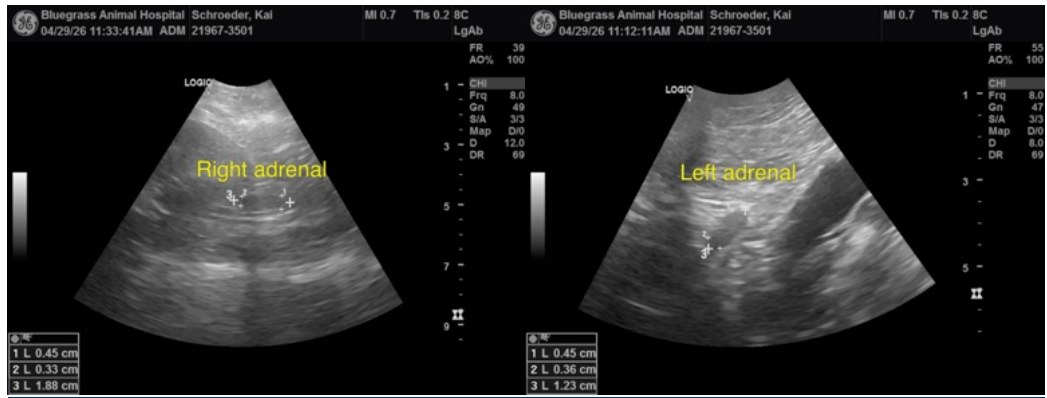
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Further assessment would be UPC, management of the hypertension should be considered.





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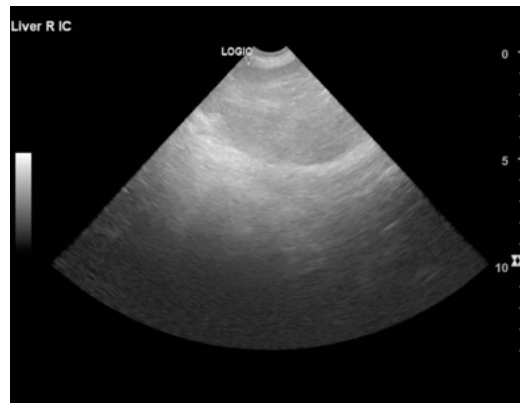
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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