



PATIENT

Opie Cormier

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

10 years

WEIGHT

45 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Vet Clinic

REFERRING VET

Dr. Warner

INVOICE

69490

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Apparently healthy dog that had acute onset blindness Friday and went to ER. Flare and hyphema OU noted, BP elevated (responded to meds) and vision returned quickly. AFAST clear then, but chest suspicious of mets vs fungal disease on xrays. Started on prednisone, which soon caused dark brown vomiting and diarrhea (red tinged). Prior to this episode he was 100% normal, no c/s/v/d noted, no changes in panting. As of Monday, vision appeared normal, no flare of hyphema noted. Today, presented for further workup. No travel history, but locally had an unexpected blasto case recently. Searching for primary mass vs evidence of fungal disease. Patient is fasted
Abnormal PE/Chem/CBC/UA Results: -10/15/25 sr panel RBC 5.63 (low 5.84M/uL), HCT 38.3 (low 41%), Hg 13.6 (low 14.6g/dL). Chem normal, anaplas+ (chronic) -10/29 anemia has resolved -12/5 (ER): T 102.7°F, BP 280, treated w/amlodipine and dropped to 150mmHg. Prominent retinal vessels and hemorrhage OS, hyphema and flare OU. OD appeared normal fundus. Mydriatic pupils OU. CBC retic 178.9K. ALT 557. Historic anaplas+. B lines bilaterally on Tfast. Xray numerous well-defined round soft tissue opaque nodules creating a diffuse nodular interstitial pattern throughout all lung lobes which measure up to approximately 1cm -12/10 BP 130mmHg, OS flare with red tinge, T 103.1°F. Dk brown vomiting with bloody diarrhea -fungal panel east pending to Miravista

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 4.7 cm, right measured 4.6 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. A large cortical cyst is present in the right kidney measuring 1.3 x 1.7 cm in size.

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 1.25 cm in length x 0.52 cm and 0.42 cm in width. The right adrenal gland measured 1.07 cm in length x 0.59 cm in width.

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 2.2 cm in width.



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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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Thickening of the gastric wall (1.15 cm) with a hypoechoic appearance and some loss of layering. Normal appearance of the 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident. Pulmonary nodules are evident measuring 0.5 cm in size.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.
- Pulmonary nodules.
- Right renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, ulcerative disease, granulomatous disease and possibly neoplasia.



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Etiologies for the pulmonary nodules would be granulomas, fungal disease and neoplasia.

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The right renal cyst can be considered an incidental finding.

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Further assessment would be FNA cytology of the gastric wall and possibly gastroscopy with biopsies.

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Further assessment of the pulmonary nodules would be bronchoscopy with bronchoalveolar lavage, FNA cytology of the pulmonary nodules could also be considered.

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Specific therapy would be dependent on an etiological diagnosis.

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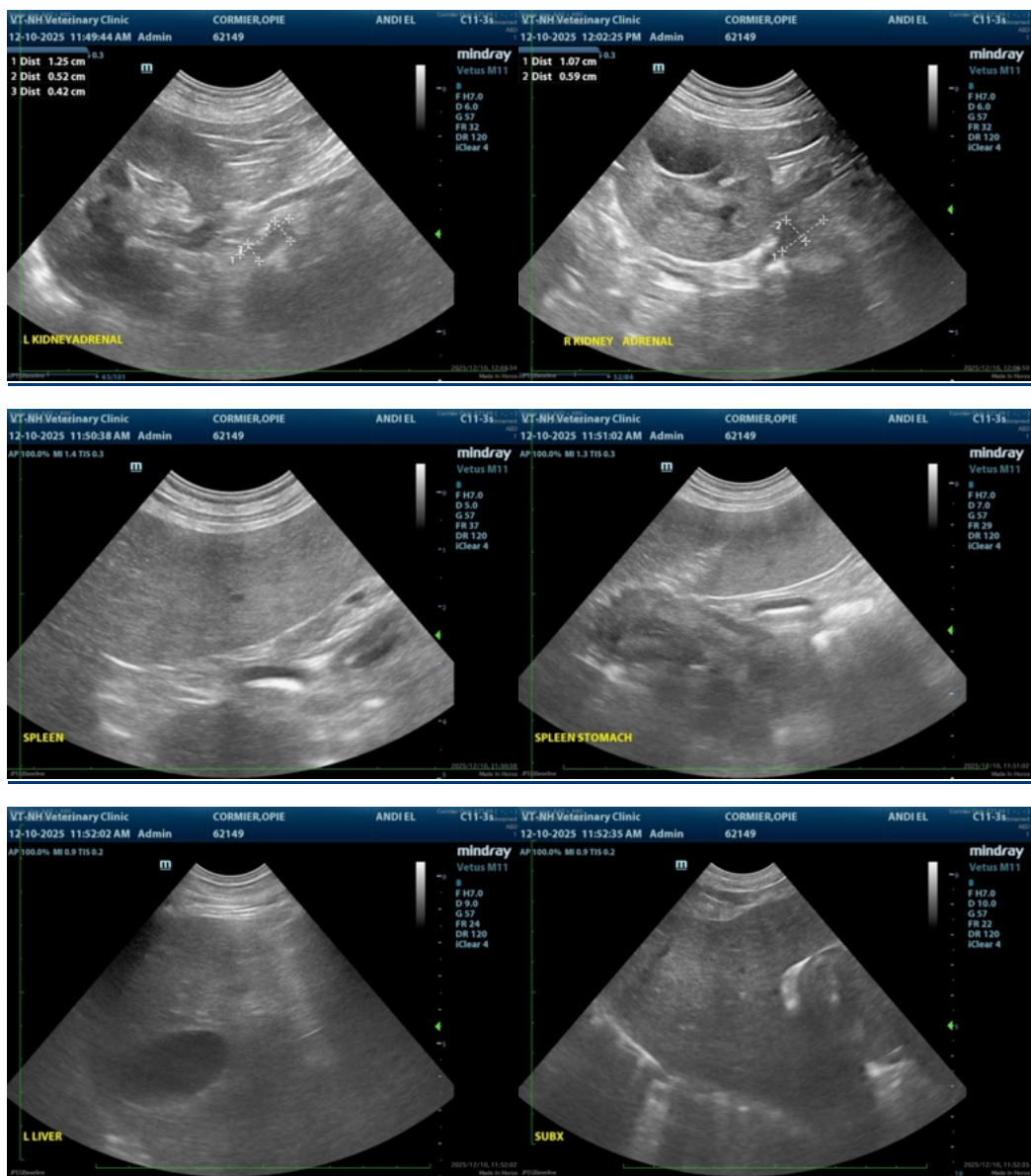
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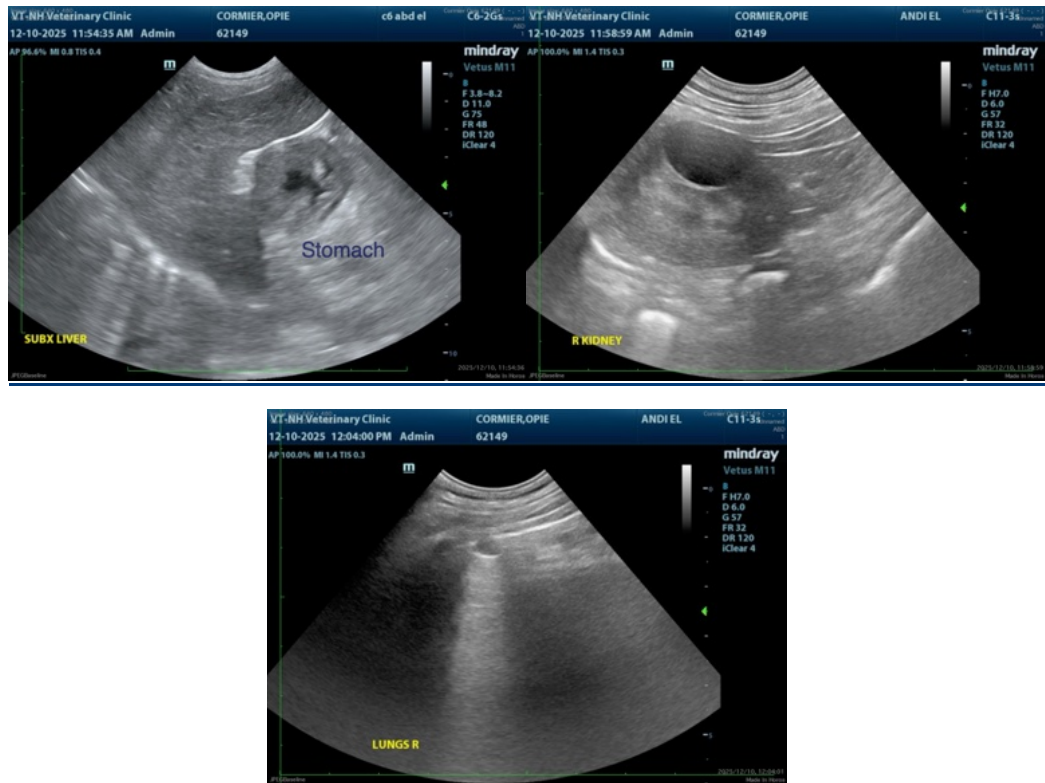
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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