

PATIENT

Minho Lopez

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

5 years

WEIGHT

16.9 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Animal Medical Center
of Reno

REFERRING VET

Dr. Eryn Taormino

INVOICE

11847

DATE

4/30/2026

PRESENTING CLINICAL SIGNS

Minho was seen by us on 04/27/2026 for follow up from urgent care. If P still having issues. Physical exam findings: pPain/ very tense on abdominal palpation. Rest of PE- NSF Reason for Ultrasound: REC by urgent care if P not doing better in a few days. Pain on ABDO palpation.

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.

Prostate is normal in size (6.0 mm in width), echotexture, and echogenicity for a neutered male.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.7 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. A hyperechoic band parallel to the corticomedullary border is present and measures 3.6 mm in width. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.8 mm and the caudal pole measures 3.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The visible cranial pole measures 3.2 mm and the caudal pole measures 4.0 mm.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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

Gastrointestinal

The stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas. The stomach has normal wall layering and thickness.



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Small intestines have normal wall layering and thickness. Duodenum measures 5.0 mm in width.

Minho Lopez

Ascending colon contains soft stool with normal wall thickness. The ileocolic junction is visualized and appears normal in thickness with intact wall layering but is moderately distended with ingesta.

SPECIES

Pancreas

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The visible pancreas is mildly hypoechoic and does not have surrounding hyperechoic fat.

BREED

Free Abdomen

Terrier Mix

Prominent medial iliac lymph (right sided) node measuring 4.3 cm x 15.1 cm, this is likely reactive and unlikely enlarged due to a neoplastic process. Visible jejunal lymph nodes are present with a representative node measuring 2.2 mm x 30.9 mm. These jejunal nodes are most likely reactive and highly unlikely enlarged due to a neoplastic process.

SEX

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No free abdominal fluid is seen.

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ULTRASONOGRAPHIC FINDINGS

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- Mild medial iliac and jejunal lymphadenopathy.
- Mild medullary rim sign in the right kidney - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- Mildly hypoechoic pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no cause identified on this exam to explain patient's reported clinical signs. Although, pancreatitis is suspected, I recommend cPLI, if not already performed, to determine if clinically significant pancreatitis may be present. If pancreatitis is present that could explain the patient's reported clinical signs, and lack of improvement.

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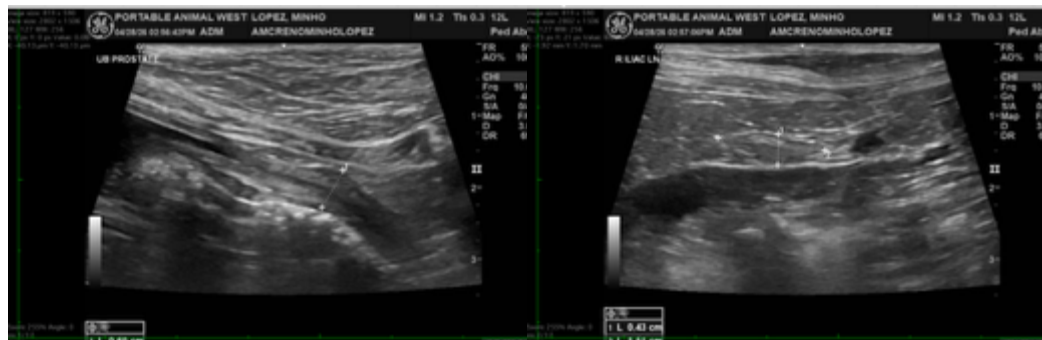
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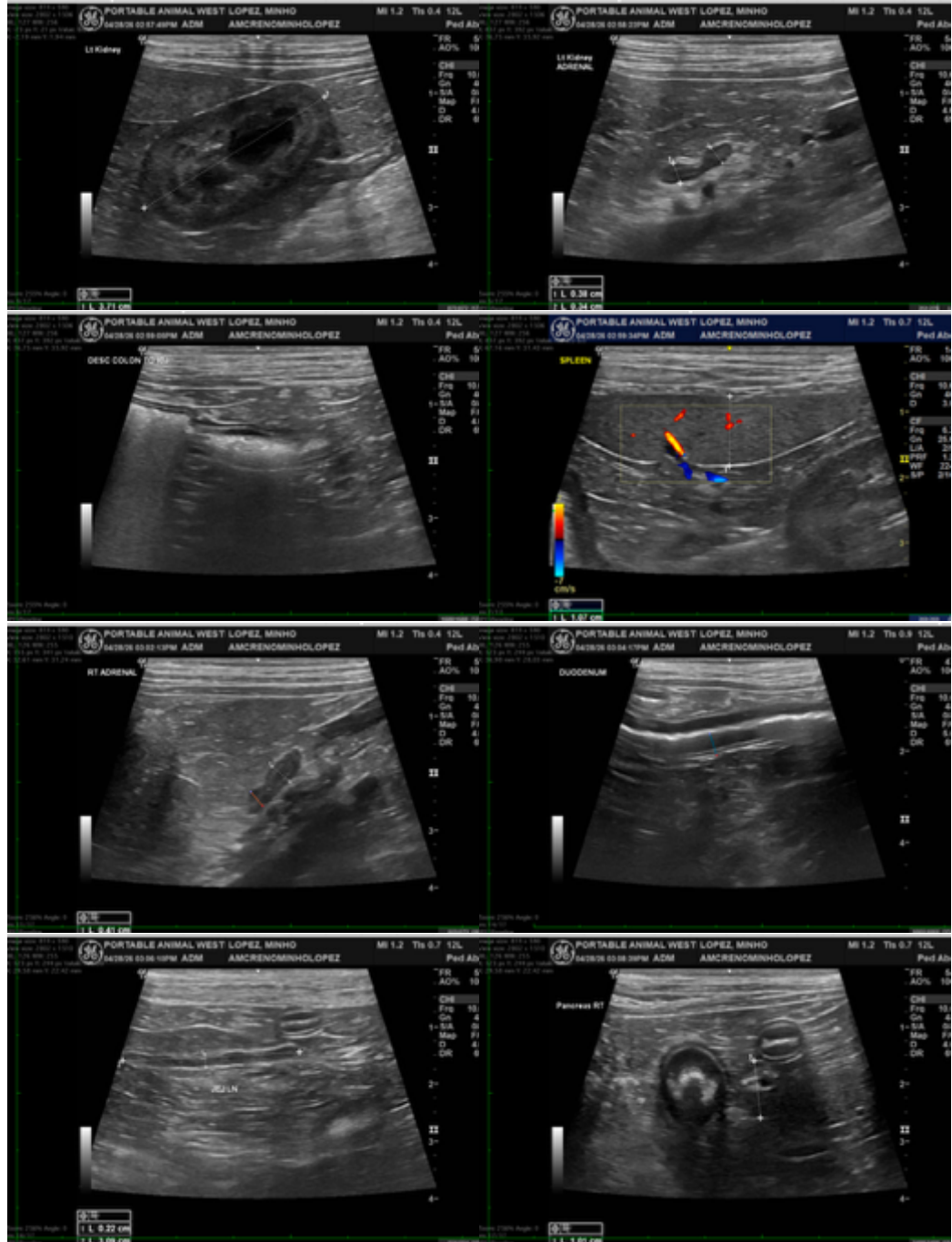
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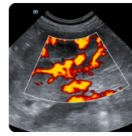
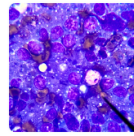
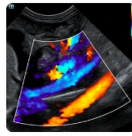
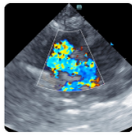
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

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Minho Lopez

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Veterinary Internal Medicine Specialist

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