



## PATIENT

Riley Tamburello

## SPECIES

Canine

## BREED

Aussie Shepherd

## SEX

Intact Male

## AGE

1.5 Years

## WEIGHT

7.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Suci

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. LaPorte

## INVOICE

16058

## DATE

05/11/26

## PRESENTING CLINICAL SIGNS

Vomiting multiple times since 5/9 (food, bile and foam), last episode was yesterday. Soft stool yesterday, with frank blood. Ate a little bit this morning (4 hours prior to scanning). More active today. Riley was seen yesterday at BluePearl ER, treated as outpatient with Cerenia and SQ fluids. Dispensed metronidazole.

Abnormal PE/Chem/CBC/UA Results: Bloodwork yesterday: high ALT 175 (10-125), high ALP 380 (23-212), high GGT 15 (0-11), normal TBili. Rest WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **prostate** was uniform at 1.8 cm,

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.37 cm width at the cranial pole and 0.33 cm width at the caudal pole. The right adrenal gland measured 0.32 cm width at the caudal pole and 0.34 cm width at the cranial pole.

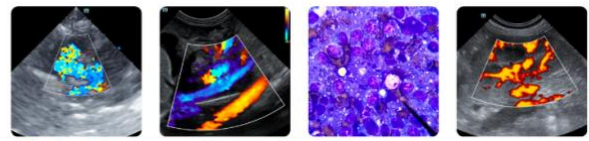
### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### Gastrointestinal



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The **stomach** revealed a large amount of gas. The small intestine and colon were unremarkable. No overt foreign bodies were noted. The pylorus was patent. Hyperperistalsis was also present in portions of the small intestine and colon. Some minor fluid accumulation was noted in the stomach without obstruction. Minor amount of chyme was noted and echogenic debris yet non-obstructive.

### Pancreas

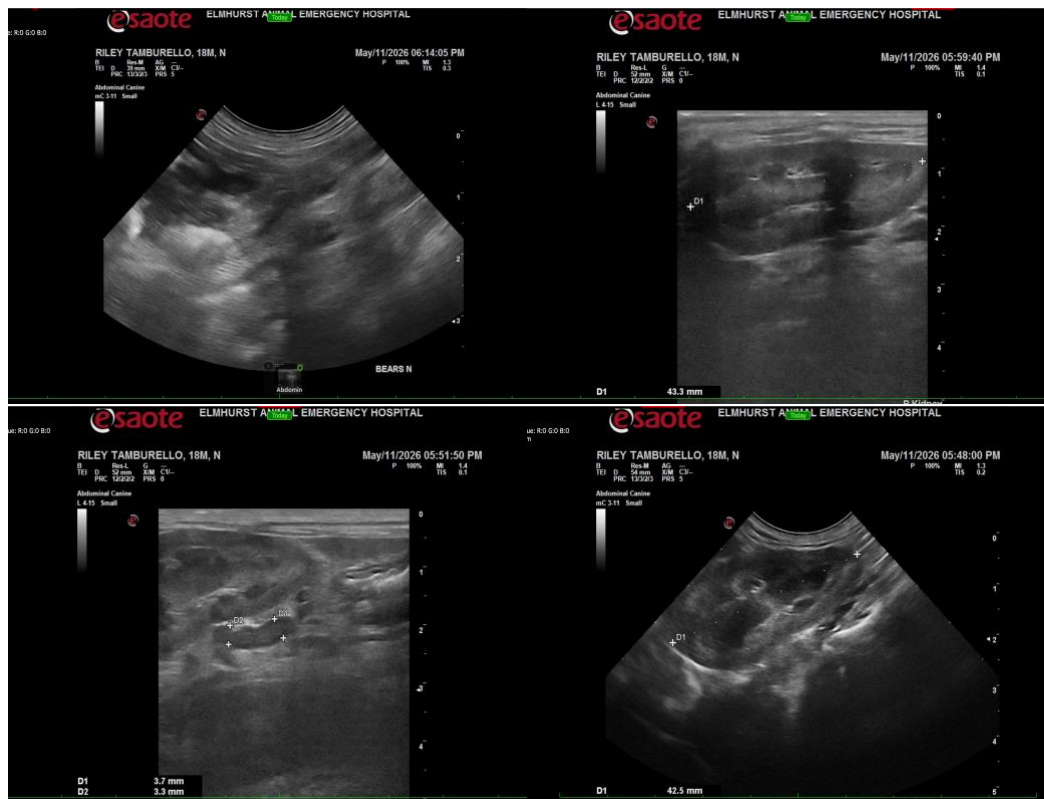
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### ULTRASONOGRAPHIC FINDINGS

- Excessive gastric gas/nonspecific gastroenteritis- no evidence of foreign bodies.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Cannot rule out small foreign matter yet medical management is indicated. 24-hour NPO, IV fluid support, GI protectants, management for enterotoxins are all indicated.





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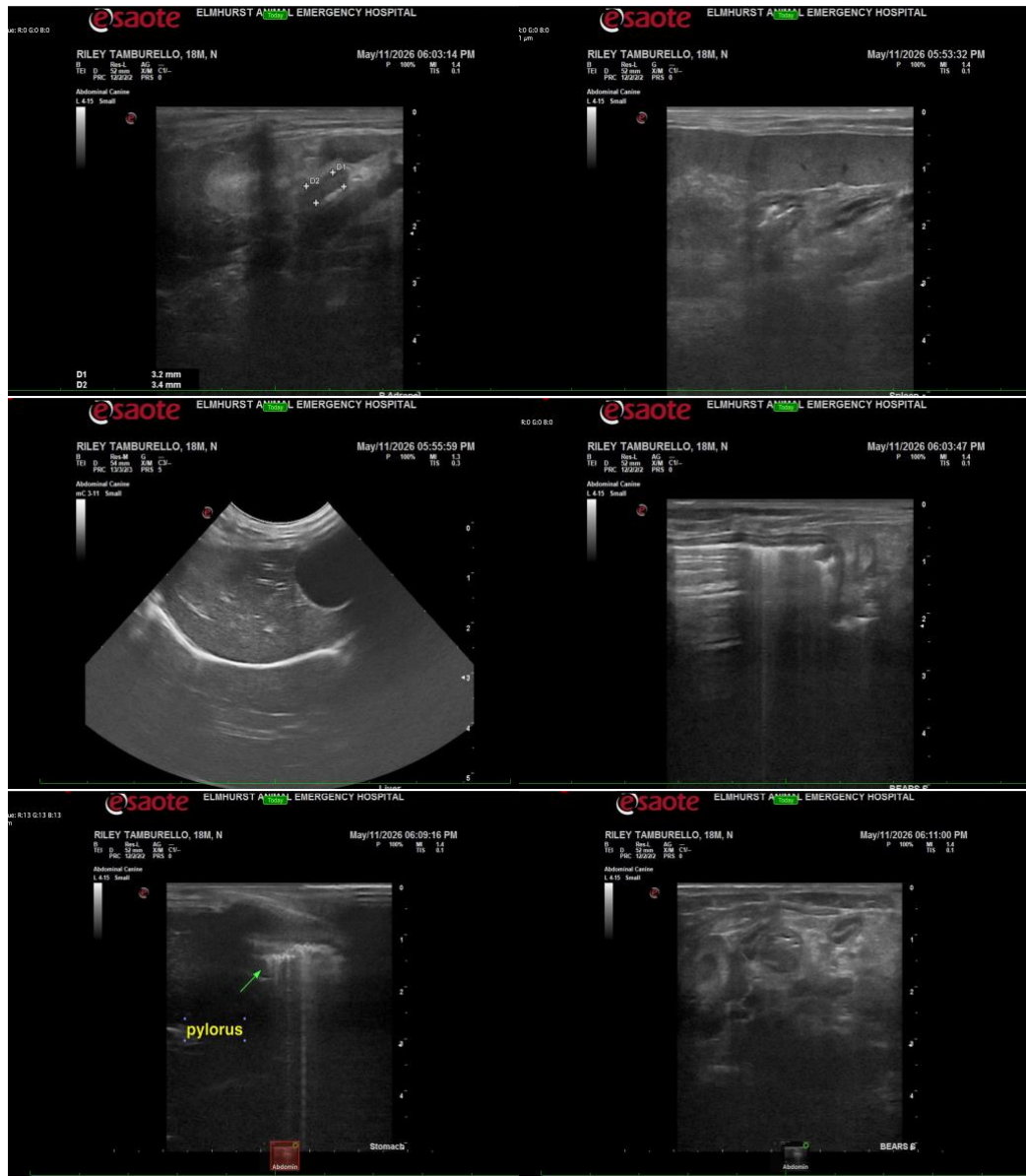
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

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