



## PATIENT

Zeus Tellez

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

86 lbs

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency Vets of  
Idaho, LLC

## REFERRING VET

Dr. Carlie Reece

## INVOICE

73462

## DATE

3/7/26

## PRESENTING CLINICAL SIGNS

Severely elevated liver enzymes with jaundice

Abnormal PE/Chem/CBC/UA Results: Severely elevated liver enzymes

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a loss of corticomedullary definition. Cortex to medulla ratio is normal. No pyelectasis or pelvic dilation noted. The capsules are mildly irregular bilaterally. Left kidney measured 5.16 cm. Right kidney measures 6.97 cm.

### Adrenal Glands

The adrenal glands are not readily visualized.

### Spleen

The spleen measures 1.5 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

### Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder is mildly distended with a minimal amount of echogenic suspended debris. The cystic duct is normal with no overt evidence of intrahepatic biliary obstruction. The extrahepatic biliary tree and common bile duct are not visualized.

### Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

### Pancreas

The pancreas is only partially visualized, but the visible portions appear slightly prominent with irregular margins and mildly hypoechoic parenchyma. The surrounding mesentery appears slightly hyperechoic with concern for steatitis. However, there is a large amount of intraabdominal fat present, portions of which are partially shadowing and may represent areas of idiopathic fat necrosis or a bates body radiographically. There is no significant lymphadenopathy or free fluid noted.



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## ULTRASONOGRAPHIC FINDINGS

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- The changes to the pancreas may represent pancreatitis. However, given the large volume of intraabdominal fat, this may also represent artifactual change that is incidental.
- The gallbladder is mildly distended with no significant amount of sediment or debris or other overt evidence of obstruction. However, the extrahepatic biliary tree is not visualized, and an extrahepatic biliary obstruction secondary to pancreatitis or other cause cannot be definitively excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider cPLI for further evaluation of the pancreas for active inflammation or pancreatitis.

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.





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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.

**Brad Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)