



## PATIENT

Mocha Simms

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

50 lbs

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Jasmine Palacios

## HOSPITAL NAME

River's Edge Pet  
Medical Center

## REFERRING VET

Dr. Travis Gibson

## INVOICE

73471

## DATE

3/7/26

## PRESENTING CLINICAL SIGNS

3/6 P presented for lethargy, laying flat out on the floor, increased respiratory rate and effort, and wobbling/trembling when moving. Symptoms began ~1 hours prior to visit. P has hx of lick granuloma a couple months ago, but otherwise no recent medical history.

Current Medications: Yunnan Baiyao- Give 2 capsules by mouth every 12 hours, Gabapentin 100mg- Give 2 capsules by mouth every 8-12 hours

Abnormal PE/Chem/CBC/UA Results: See attached labs: 3/6 Regenerative anemia - blood loss vs destruction, concern of splenic mass, open Mild hyperglycemia - suspect stress/behavioral, patient variant, open Mild to moderate elevation of ALT - hepatocellular damage, open Severe elevation of ALKP - extrahepatic obstruction (ie pancreatitis, tumors), intrahepatic cholestasis, open See attached labs: thoracic + abdominal R lateral views - O accept Concern of abdominal mass, causing a mass effect and pushing the GIT caudally splenic vs hepatic in origin, unable to fully evaluate the caudal outline of the liver.

## 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 slight decrease in corticomedullary definition. Normal cortex to medulla ratio. No pyelectasis noted. Mildly irregular renal capsules noted bilaterally. Left kidney measures 6.46 cm. Right kidney measures 6.53 cm.

### Adrenal Glands

Both adrenal glands are visualized and have 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. Left measures 0.86 cm x 2.95 cm. Right measures 0.64 cm x 1.97 cm.

### Spleen

The spleen is severely irregular and subjectively enlarged with multiple large, heterogeneous, mixed echogenic mass effects, several of which distort the splenic capsule. There are focal regions of cavitation throughout several of these masses. The vasculature appears normal with no evidence of congestion.

### Liver

The liver is subjectively enlarged with several hyperechoic mass lesions that distort the normally smooth hepatic capsule. There are focal hypoechoic nodular changes throughout these lesions. There is no overt cavitation within the hepatic masses. Vasculature is within normal limits with no evidence of congestion. There is a mild amount of suspended echogenic debris and dependent sediment within the gallbladder. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.



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## *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 visible pancreas is hypoechoic and slightly irregular with a mottled or heterogeneous parenchyma.

## *Free Abdomen*

There is a moderate to severe volume of echogenic free peritoneal effusion.

There are several hypoechoic and cystic iliac lymph nodes with slightly irregular parenchymal contours.

## 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 hepatic and splenic masses are concerning for infiltrative metastatic neoplastic disease. Hemangiosarcoma is considered most likely. Given the concurrent evidence of peritoneal effusion, an acute hemorrhage or hemoabdomen is considered most likely.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The cystic changes to the lymph nodes may represent secondary metastatic change. However, these may also be incidental and benign changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis with fluid analysis and cytology is recommended to evaluate the character of the peritoneal effusion and confirm presence of hemoabdomen. If this is the case, an exploratory laparotomy with splenectomy and partial hepatectomy would be indicated depending on the source of active hemorrhage. Given the concern or evidence for concurrent metastatic disease, prognosis for this condition would be considered poor, especially if the mass effects are consistent with hemangiosarcoma.



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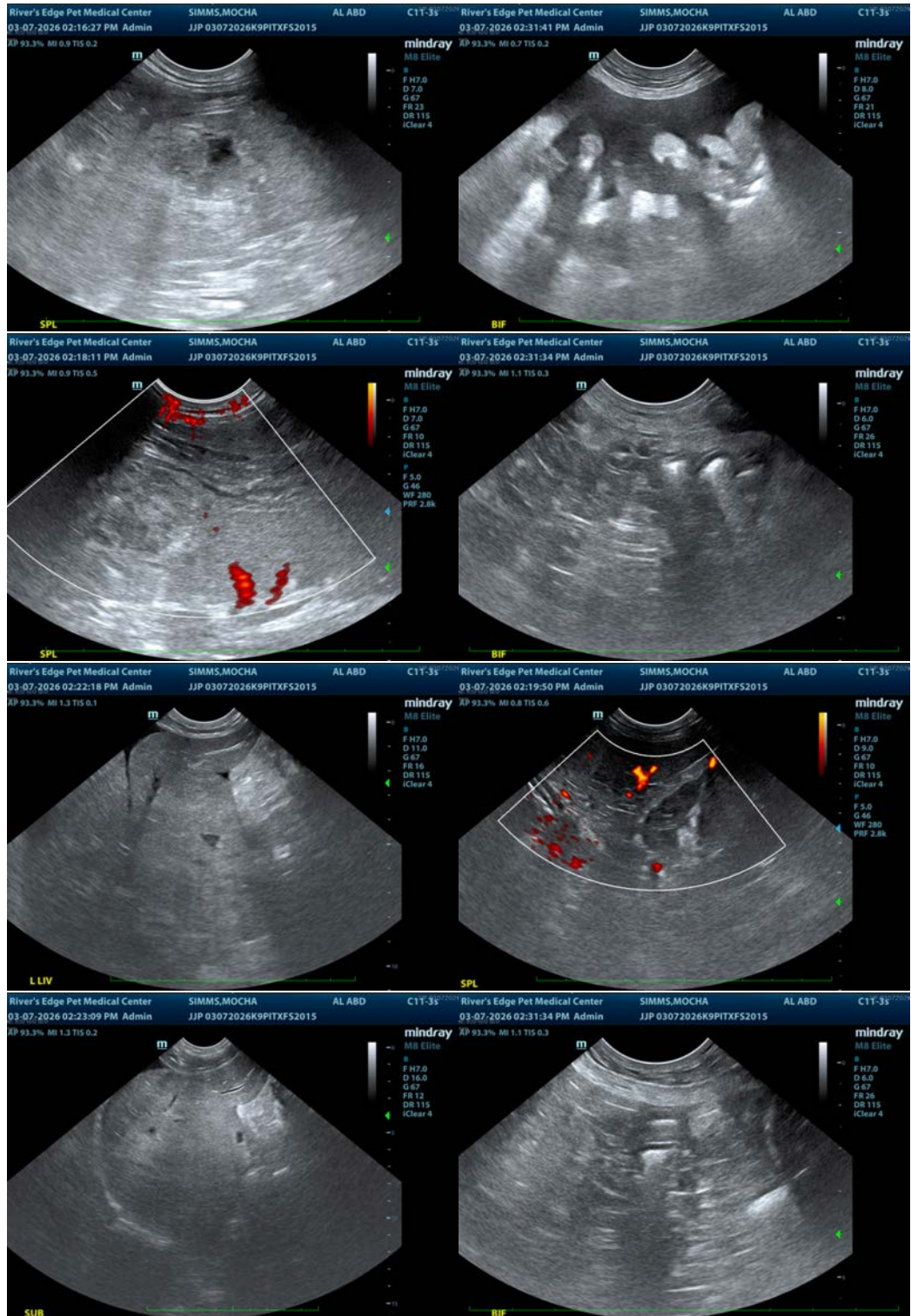
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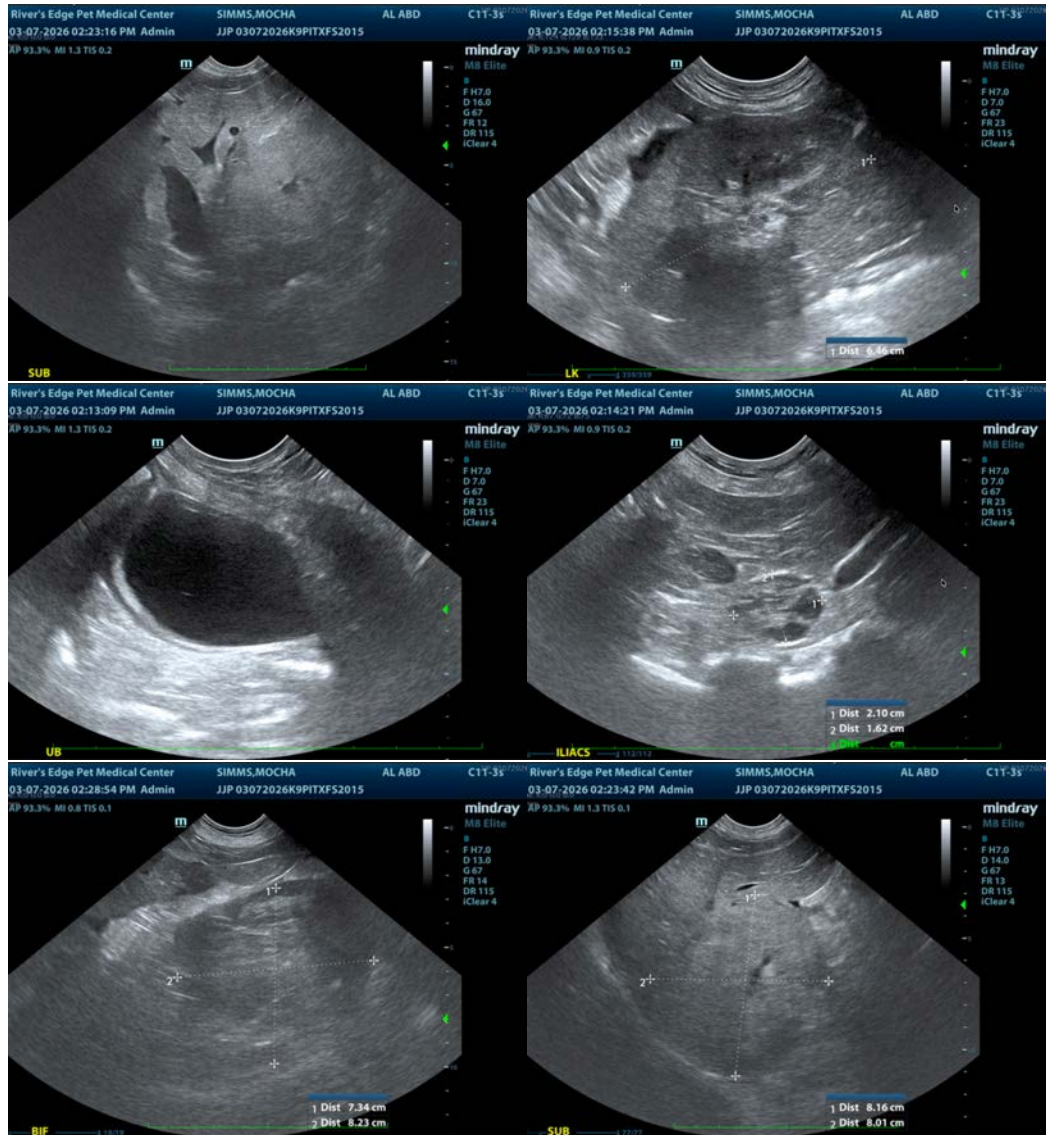
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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