

**PATIENT**

Barley Randall

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

12.4 kg

**INTERPRETED BY**

Brittany Sinclair DVM,  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

East Plains AH

**REFERRING VET**

Dr. Visconti

**INVOICE**

35054

**DATE**

12/22/25

**PRESENTING CLINICAL SIGNS**

History: Patient ate pair of underwear and hard plastic ball on Friday. Vomiting started on Sunday morning - was bringing up fabric and plastic. Was still eating at that point. Stopped eating last night - ate dinner at 5 pm and then vomiting, hasn't eaten since. Did take a treat this morning. Owners say he has ingested many FB that he has passed on his own. And palpation revealed round, firm, soft tissue-feeling mass in mid abdomen (approx the size of a strawberry). Radiograph confirmed round soft tissue mass in mid abdomen. FAST u/s - potentially FB located within intestinal lumen AND also 2x4 cm, lobulated/heterogenous appearing mass caudal to this (cannot confirm if extraluminal mass or FB located within lumen?). Current Medications None.

Abnormal PE/Chem/CBC/UA Results: No labs done at this time Radiographic Findings Radiograph confirmed round soft tissue mass in mid abdomen. FAST u/s - potentially FB located within intestinal lumen AND also 2x4 cm, lobulated/heterogenous appearing mass caudal to this (cannot confirm if extraluminal mass or FB located within lumen?). Primary Question to Be Answered in This Exam Abdominal mass? FB? Both?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes was noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.30 cm in length. The left kidney measured 5.36 cm in length.

**Adrenal Glands**

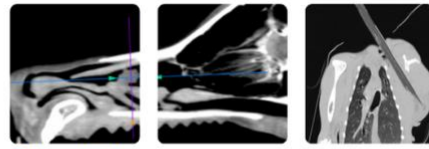
Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.16 cm in length and 0.41 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 2.2 cm in length and 1.43 cm at the cranial pole and 0.55 cm at the caudal pole.

**Spleen**

The spleen contains a hypoechoic cavitated mass, measuring at least 3.9 cm x 3.0 cm. There is a smaller hypoechoic nodule visualized within the splenic parenchyma near the mass.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of



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congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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***Gastrointestinal***

The stomach contains a small amount of generally anechoic fluid. Wall thickness is normal with normal wall layering. Towards the pylorus, there is one view in which a curvilinear shadowing object is visualized, suspected to represent foreign material, though gas shadowing in the area partially obstructs visualization.

**BREED**

Cockapoo

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with some gas shadowing throughout, but no overt distention and no shadowing foreign material. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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***Pancreas***

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

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 DACVECC

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass
- Shadowing in stomach- possible small gastric foreign material

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The mass described on palpation is splenic in origin. Splenectomy should be strongly considered given the potential for hemangiosarcoma. There is no visible shadowing foreign material in small intestine. There is a small curvilinear shadowing object visualized within the gastric lumen, that may represent foreign material. It is not overtly obstructive and may be an abnormal gas shadowing pattern or food material. Given the splenic findings and the patient's clinical signs and known ingestion of foreign material, abdominal explore with plan to run the GI tract and remove the spleen should be considered to full rule in or out foreign material within the GI tract.

**REFERRING VET**

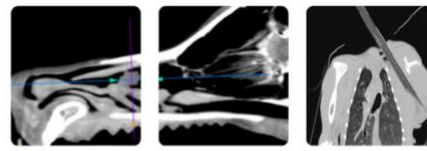
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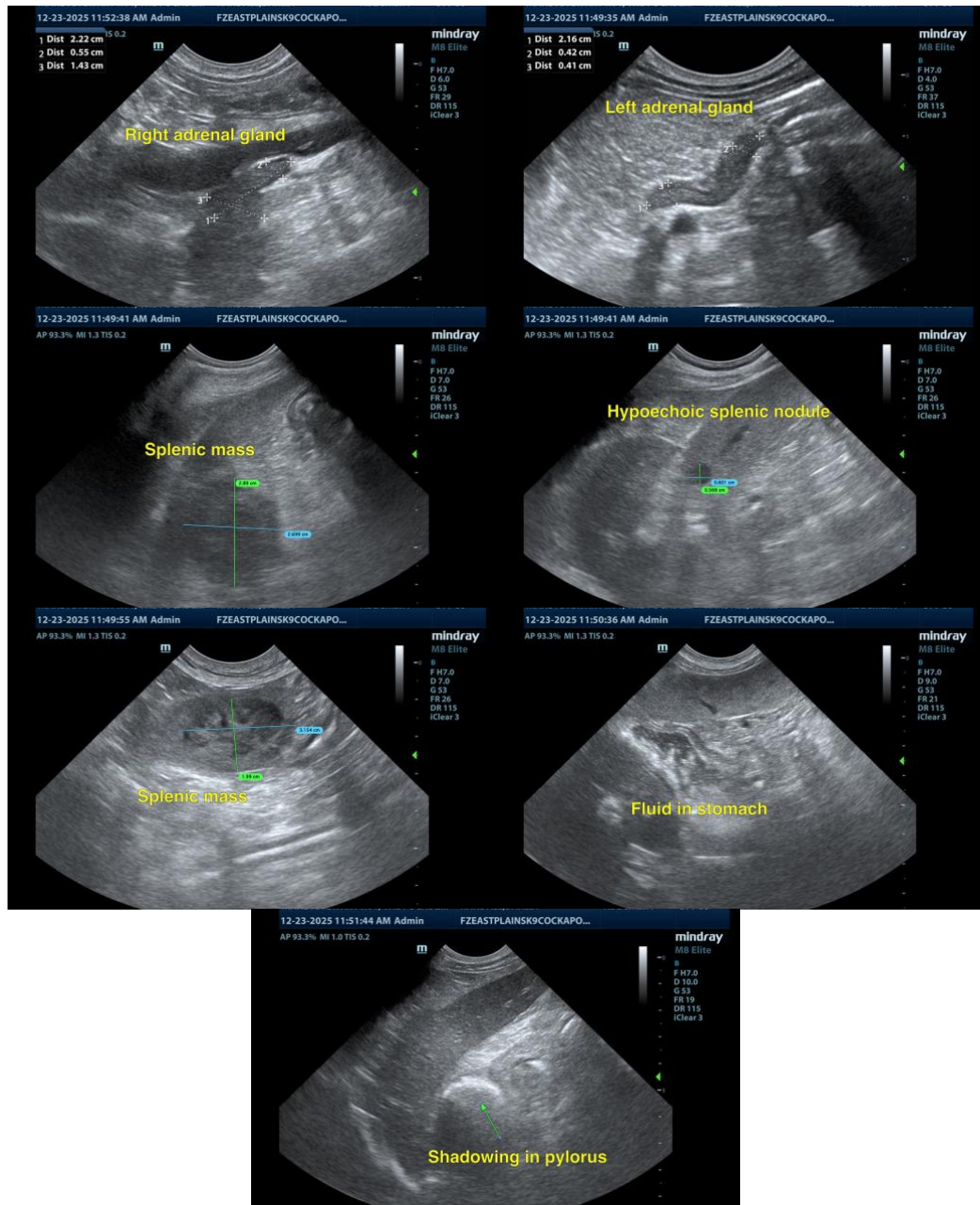
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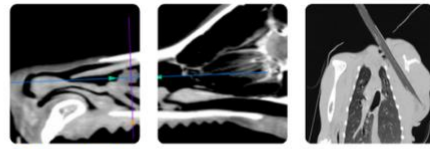
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC



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info@SonoPath.com

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