



## PATIENT

Charlie Stanley

## SPECIES

Canine

## BREED

Shepherd Mix

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

33.8 kg

## INTERPRETED BY

Heike Rudolf, DVM, Dr.  
med. Vet., DipECVDI  
DVR

## IMAGING PERFORMED BY

Dr. Singh

## HOSPITAL NAME

Balmy Beach Pet  
Hospital

## REFERRING VET

Dr. Singh

## INVOICE

13749

## DATE

02/12/26

## PRESENTING CLINICAL SIGNS

Had a cutaneous neoplasm, which came as: Site 1 of 2, A, "firm black-colored raised cutaneous mass" middle dorsal trunk, left of midline per diagram: Cutaneous melanocytic neoplasm, haired skin and superficial subcutis. Staging done - chest rads and abdominal u/s. Abdominal ultrasound showed a renal mass Kidneys: The kidneys are normal in size, shape, margination and echotexture. Left kidney measures 7.2 cm in length. The right measures 6.8 cm in length. There is a hypoechoic growth within the kidney near the cranial pole that is slightly heterogenous and measures 3.4 x 2.0 cm and is well delineated with vascular flow.

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chemistry WNL

## RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral views are provided, totaling four radiographs for interpretation.

02.02.2026

## RADIOGRAPHIC FINDINGS

The body condition score is 6-7/9 with smooth, alternating layers of fat and soft tissue opacity. An oval shaped nodule (approx. 0.6cm long) is located in the soft tissues ventral to sternebra 1 in right lateral recumbency. In left lateral recumbency an approx. 4cm long, crescent shaped structure is located ventral to sternebrae 5/6.

The third intersternbral space is reduced and the adjacent bone appears sclerotic; a small amount of new bone formation is evident ventrally.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5.

The degree of pulmonary expansion is good. The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled with mild calcification and tapers towards the periphery.

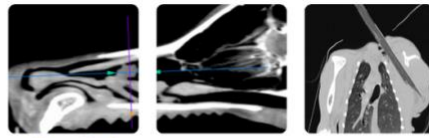
The cardiac silhouette is elevated from the sternum by fat. It occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Sternal anomaly
- Masses ventral thoracic wall

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no pulmonary metastases or lymph node enlargement. The larger s.c. mass likely represents a lipoma. The smaller mass could represent a fibroma or other type of soft tissue nodule. Manual assessment and follow up is advised.



## PATIENT

Charlie Stanley

## SPECIES

Canine

## BREED

Shepherd Mix

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

33.8 kg

## INTERPRETED BY

Heike Rudolf, DVM, Dr.  
med. Vet., DipECVDI  
DVR

## IMAGING PERFORMED BY

Dr. Singh

## HOSPITAL NAME

Balmy Beach Pet  
Hospital

## REFERRING VET

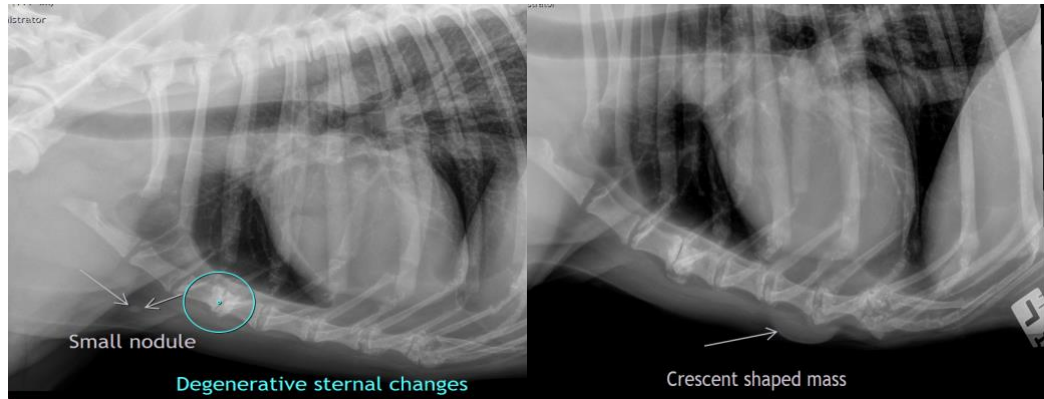
Dr. Singh

## INVOICE

13749

## DATE

02/12/26



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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)