



## PATIENT

Myah Olmstead

## SPECIES

Canine

## BREED

St. Bernard

## SEX

FS

## AGE

8

## WEIGHT

146lbs

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville Veterinary  
Clinic

## REFERRING VET

Heather Culbertson,  
DVM

## INVOICE

74365

## DATE

3-26-26

## PRESENTING CLINICAL SIGNS

- Acting normal, 3/8 started with a 90% reduction appetite.
- Lost 12 kgs over 4 weeks
- Lg mass on sternum that has been there for a while

Abnormal PE/Chem/CBC/UA Results: BW normal

## RADIOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Orthogonal views of the thorax and abdomen are provided for review totaling 7 images, lateral and dorsoventral views.

## RADIOGRAPHIC FINDINGS

### THORAX

A large, well-defined, oval to elongated expansile soft tissue mass is present within the ventral subcutaneous soft tissues of the thoracic wall, extending along the sternum from approximately the level of the 3rd sternebra to the xiphoid process. The mass demonstrates mixed fat and soft tissue opacity and measures approximately 19.8 × 9.9 cm. It is in close contact with the adjacent thoracic wall musculature. No radiographic evidence of osseous destruction or aggressive sternal involvement is identified.

The caudal sternebrae, particularly in the region of the 5th to 7th sternebrae, show irregular articular margins, subchondral sclerosis, and enthesophyte formation. No osseous lysis, cortical destruction, or aggressive periosteal reaction is identified.

The trachea is normal in position and diameter.

The cardiac silhouette is within normal size and shape limits (VHS approximately 10.5).

The diaphragm is intact and normally marginated.

The pleural space and mediastinum are unremarkable.

The pulmonary parenchyma demonstrates mild to moderate diffuse unstructured interstitial opacity, more evident in the caudodorsal lung fields, likely accentuated by expiratory phase. No focal pulmonary mass or soft tissue nodules are identified.

Pulmonary vessels are within normal limits.

The thoracic esophagus is not conspicuously visible, normal.

### ABDOMEN

The liver, spleen, and kidneys are within expected radiographic size, shape, and opacity limits.

The stomach contains a small amount of gas and is in normal position.

The small intestinal loops are normally distributed and not abnormally distended. Mild intraluminal gas is present. No radiographic evidence of mechanical gastrointestinal obstruction is identified.

The urinary bladder is poorly distended / minimally visible.

Abdominal serosal detail is preserved. No evidence of abdominal mass effect.



## PATIENT

Myah Olmstead

## SPECIES

Canine

## BREED

St. Bernard

## SEX

FS

## AGE

8

## WEIGHT

146lbs

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville Veterinary  
Clinic

## REFERRING VET

Heather Culbertson,  
DVM

## INVOICE

74365

## DATE

3-26-26

Multifocal complete and incomplete bridging spondylosis deformans is present throughout the thoracic and lumbar spine. Mild to moderate multifocal degenerative change is also present involving the articular facet joints.

At the margins of the study, moderate to severe periarticular osteophytosis is noted affecting both visible stifle joints, more pronounced on the left.

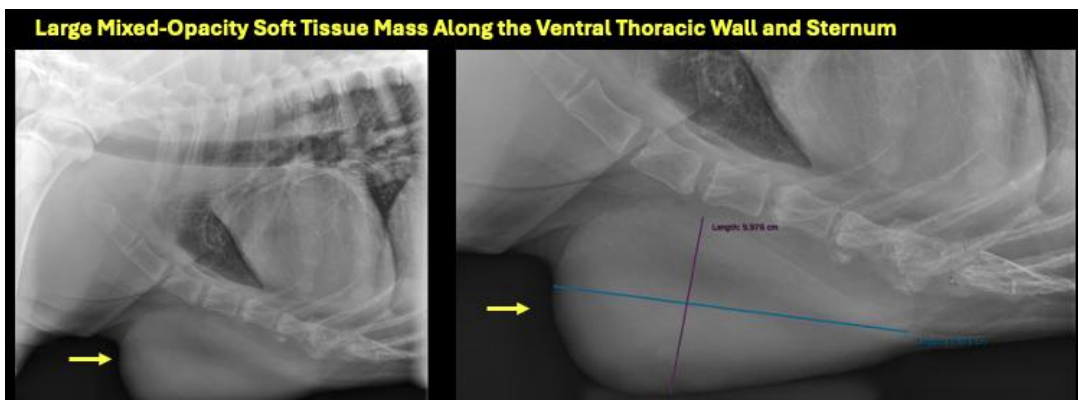
## RADIOGRAPHIC DIAGNOSIS

- Large ventral thoracic wall / sternal subcutaneous soft tissue mass with mixed fat and soft tissue opacity, extending from the mid to caudal sternum. Differential diagnoses include lipoma, less likely soft tissue sarcoma, liposarcoma or other subcutaneous neoplasia.
- Chronic degenerative changes of the caudal sternum / sternobral articulations, without radiographic evidence of aggressive osseous involvement. However, mild inflammatory/infectious lesions are not completely excluded.
- Mild diffuse interstitial pulmonary opacity, likely related to low lung volume / expiratory phase. No radiographic evidence of pulmonary metastatic disease.
- No radiographic evidence of an obvious intra-abdominal mass effect or other significant abdominal abnormality.
- Multifocal thoracolumbar spondylosis deformans and chronic degenerative changes in the articular facet joints.
- Bilateral stifle osteoarthritis, more severe in the left side.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, non-aggressive appearing, mixed-opacity (fat and soft tissue) mass centered in the ventral thoracic wall / sternal subcutaneous tissues. Although the radiographic appearance does not currently suggest aggressive osseous invasion, radiographs are limited in determining the full extent, tissue of origin, and internal composition of the lesion. Ultrasound-guided or palpation-guided fine-needle aspiration and/or tissue biopsy are recommended for definitive diagnosis.

Thoracic radiographs do not show evidence of overt pulmonary disease. There is no radiographic evidence of an obvious intra-abdominal mass effect or other significant abdominal abnormality. No specific radiographic findings are identified that could be directly correlated with the presented clinical signs.





## PATIENT

Myah Olmstead

## SPECIES

Canine

## BREED

St. Bernard

## SEX

FS

## AGE

8

## WEIGHT

146lbs

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Ryan Bergner, LVT

## HOSPITAL NAME

Waterville Veterinary  
Clinic

## REFERRING VET

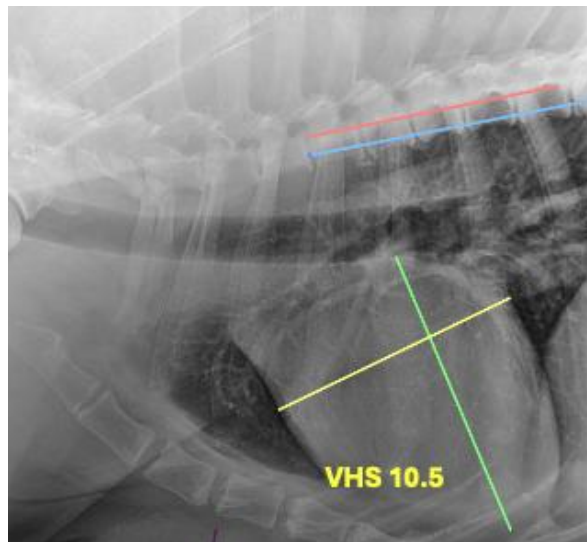
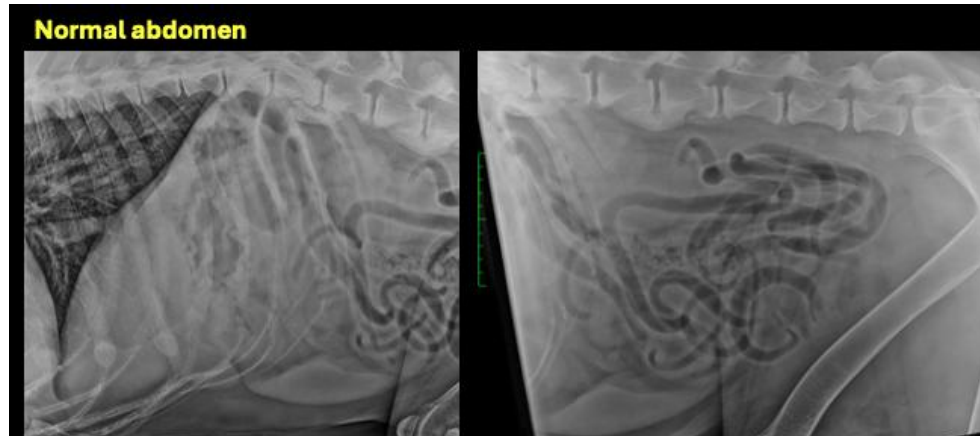
Heather Culbertson,  
DVM

## INVOICE

74365

## DATE

3-26-26



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet  
[info@sonopath.com](mailto:info@sonopath.com)