



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jax Selca 4/10/2026: Patient presented for a consult regarding a leg issue and concerns about recent changes in bark and intermittent coughing. Current weight is 67.6 lbs, an intentional loss from 74 lbs. Eating, drinking, urinating, and defecating are normal. No vomiting or diarrhea reported. Intermittent

SPECIES Canine coughing, described as a 'hack' with 'phlegm stuff,' started recently, occurs mostly at night, and has increased in frequency. Bark has changed from deep to high-pitched, and the patient appears to be losing his voice, now squeaking instead of howling. Current medications include gabapentin, carprofen, CBD, and a multivitamin for joints. History includes mast cell tumors; 8 were previously removed, with one on the head being cancerous (removed in 2020/2021). A seven-panel cancer screening (Nu Q) was negative. Previous prognosis in July 2025 indicated 3-4 weeks, but the patient remains active and happy. Patient is estimated to be at least 12 years old.

BREED

Am Staff Terrier

4/29/2026: Reason for Visit: Amputation of front right leg + Chest CT

History: Presenting for increased pain and progressive enlargement of a mass on the right front limb over the past 1-2 weeks. Marked reduction in limb use and activity noted, although patient continues to attempt play.

SEX

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Abnormal PE/Chem/CBC/UA Results: PE: Integument: Digit 5 skin mass on the right front foot.; Musculoskeletal: Bone remodeling and breakdown present in affected limb, with fracture risk. Right front limb non-weight bearing, compensatory head bob, and limb abduction during ambulation. Radiographs show moth-eaten appearance of affected bone. Contralateral carpus without evidence of arthritis.; CBC: Lymphocytes 1.03; PDW 8.3; Chem: ALP 1,926;

AGE

12yr

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Post contrast study is available for review.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

Muscle atrophy of the right shoulder girdle is seen.

There is moderate enlargement of the right axillary lymph node. The intrathoracic lymph nodes present within normal limits.

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There is a single small 4 mm sized focus in the dorsal aspect of the right cranial lung lobe. No pleural effusion or other pleural abnormalities are seen. Lung parenchyma presents unremarkable and within age-related normal limits.

REFERRING VET

Joseph D'Abbraccio

The trachea and mainstem bronchi are within normal limits.

No signs of cardiovascular pathology are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

24683

- Suspect pulmonary nodule
- Moderate right axillary lymphadenomegaly concerning for regional metastatic involvement, differential includes reactive lymphadenopathy.

DATE

04/29/2026

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



PATIENT There is no detectable thoracic metastasis. The enlarged right axillary lymph node is the most significant finding in the CT study of the thorax and should be considered suspicious for metastatic disease given the presence of an aggressive bone lesion in the right forelimb and history of neoplasia. FNA biopsy of the right axillary lymph node is recommended for staging.

Jax Selca

SPECIES A single small pulmonary nodule is identified in the right cranial lung lobe. Given its size, early stage metastatic disease or an incidental benign lesion cannot be distinguished based on CT appearance alone. However, in light of the primary disease a potential metastases should be given significant weight. Short-interval follow-up thoracic imaging is recommended.

Canine

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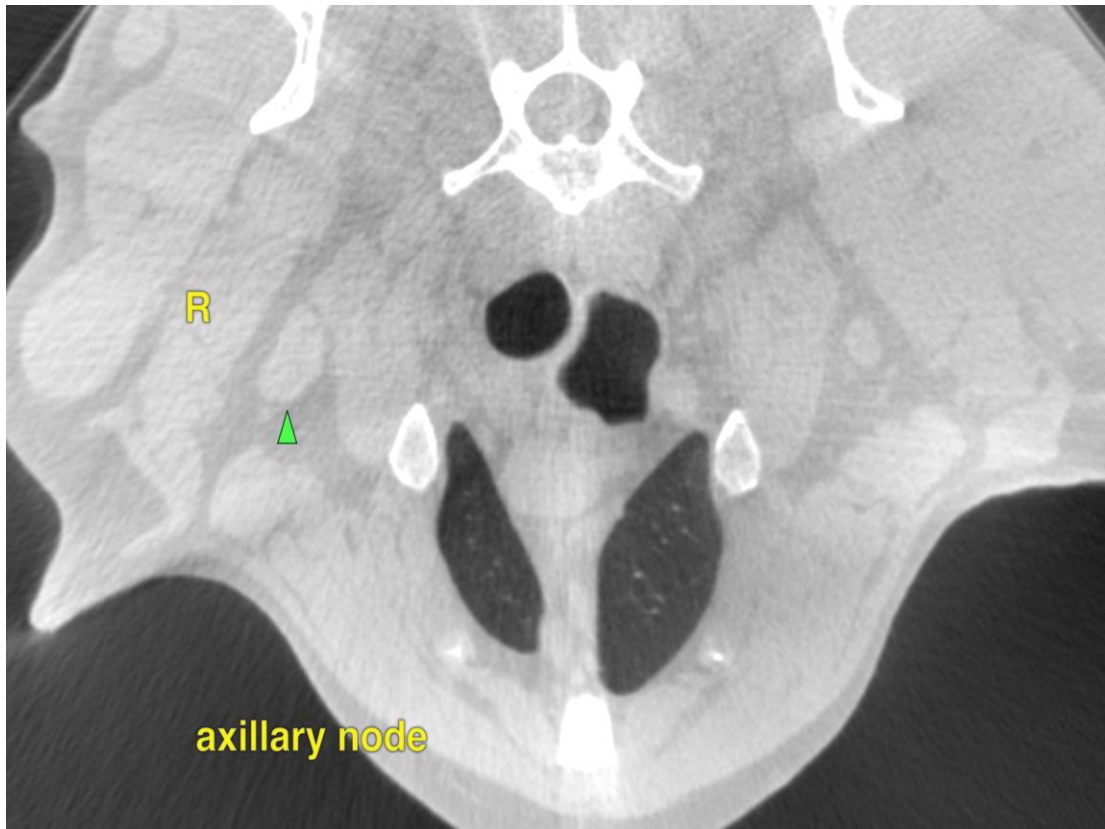
Joseph D'Abbraccio

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PATIENT

Jax Selca

SPECIES

Canine

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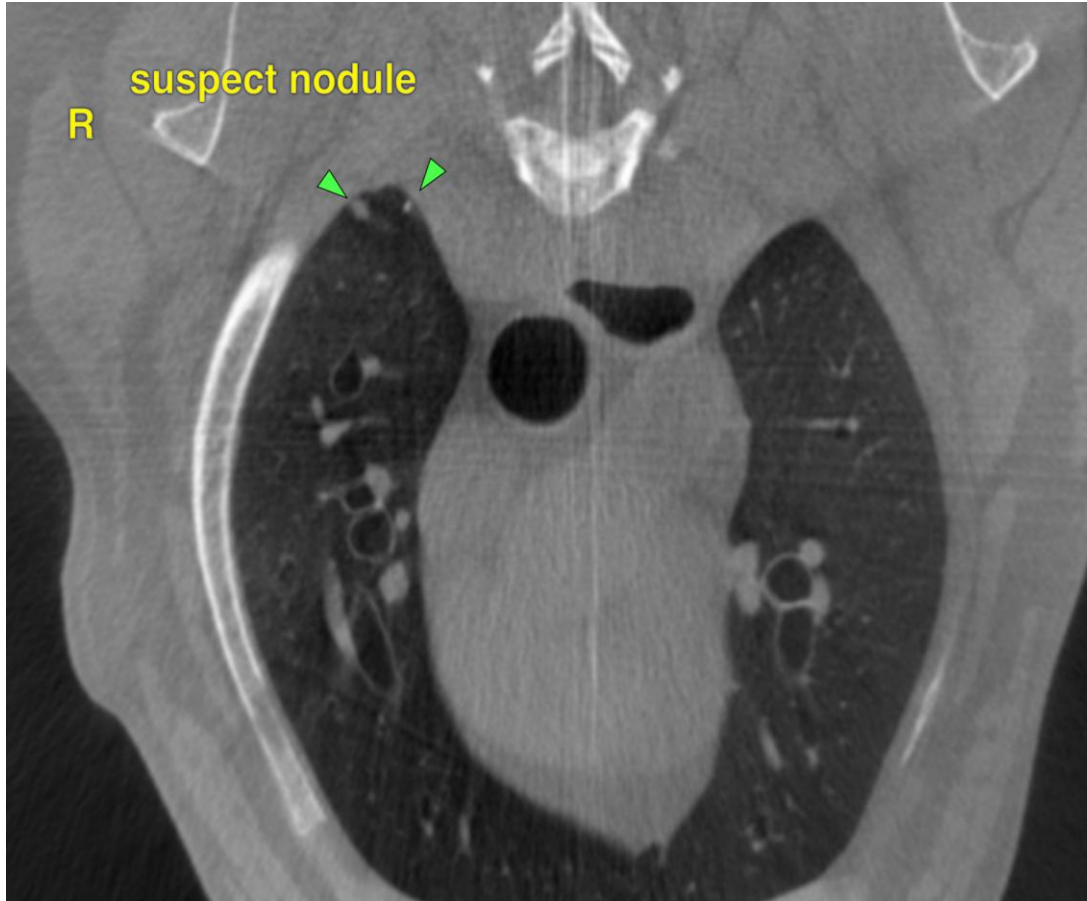
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

REFERRING VET

Joseph D'Abbraccio

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