



PATIENT

Kiki Robinson

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Female

AGE

6Y, 6M

WEIGHT

22kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73446

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History:

- 30/12/25 OR lump on R leg, first noticed 1.5mo ago, very small at first- grown in last few weeks, gone very dark red appearance - on exam mass R lateral thigh raised reddened appearance approx 1cm diameter
- unable to examine otherwise due to demeanour
- pre-op radiographs taken for metastasis check, abnormal increased radiodensity in R cranial lungs region, interstitial pattern on rest of lungs but on cautious interpretation due not inflated rads

Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a plain CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents a generalized decreased volume and the expected architecture. The ventral dependent aspects of the lung present zones with dystelectasis.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The vertebral endplates L7/S1 present mild spondylosis formation.



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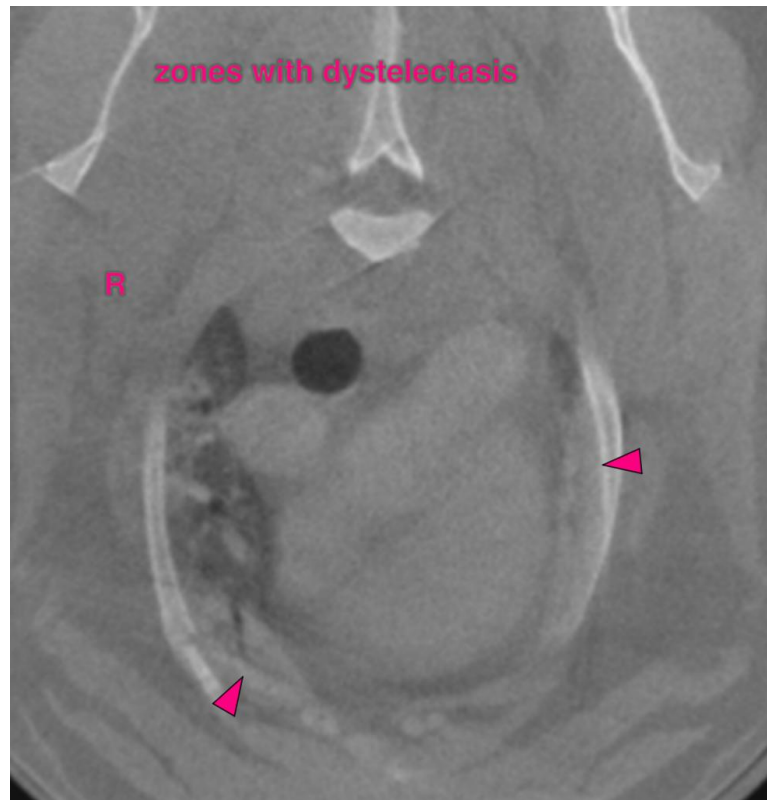
1-26-26

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal thorax – but zones with dystelectasis of the ventral dependent aspects
- Normal abdomen, but spondylosis deformans L7/S1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities, the appreciated ground glass attenuating areas of the lung present a decreased volume and are considered as dystelectasis secondary to general anesthesia. I do not see signs of metastatic disease.



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.

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