



PATIENT

Astro Buendia

SPECIES

Canine

BREED

American Staffordshire
Terrier

SEX

Neutered Male

AGE

6 Years

WEIGHT

31.3 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Kamran
Babamohammadi

INVOICE

35608

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: 2x2 cm mass (osteolytic lesion) on left front digit I generalized photodermatitis on all four paws were noted. CT of the thorax and left metacarpal region.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND LEFT FRONT PAW

A high resolution pre- and post-contrast CT study of the left front paw and a post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC Findings

Thorax

The left axillary lymph node is mildly prominent in comparison to the right axillary lymph node.

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 the expected architecture and attenuation behavior but zones with dystelectasis of the lung parenchyma.

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

Front Paw

Centered on the level of the distal phalanx of the 1st digit of the left front paw, a roundish, ill-defined, soft tissue attenuating mass with interspersed mild amorphous mineralization is seen, measuring 2.6 cm in diameter. The claw of the 1st digit is protruding from the surface of the mass. The distal phalanx of the 1st digit of the left front paw presents advanced aggressive osteolysis and the distal segment of the proximal phalanx presents aggressive osteolytic lesions.

Between interdigital spaces between the 2nd to 5th digit present variable degree of an ill-defined soft tissue swelling – most accentuated between the 2nd/3rd and 3rd/4th digit. The osseous structures of the second to fifth digit reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteolytic lesions distal and proximal phalanx 1st digit left front paw with associated soft tissue mass
- History of pododermatitis and swelling of the interdigital spaces along the left front paw
- Mild lymphadenopathy left axillary lymph node – reactive lymphoid hyperplasia versus metastatic disease
- No evidence of pulmonary metastatic disease



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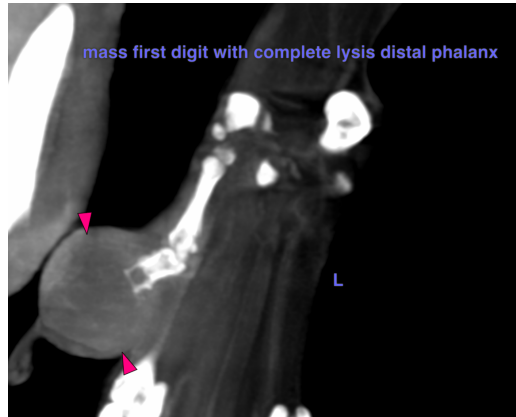
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass centered on the 1st digit of the left front paw is consistent with primary soft tissue neoplasia – such as squamous cell carcinoma, melanoma, fibrosarcoma. Due to the polyostotic changes the odds for primary osseous neoplasia (e.g. osteosarcoma) are low.



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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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