



PATIENT

Pryts Jones

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Spayed Female

AGE

12 Years 1 Month

WEIGHT

19.2 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Ana Valega

INVOICE

36218

DATE

3/13/26

PRESENTING CLINICAL SIGNS

- Initially presented with a large mass in the left elbow/axillary region that had grown over time and was beginning to affect comfort and mobility. The mass was surgically removed on 13 January 2026, however intra-operative findings suggested incomplete excision due to difficulty separating the tumour from surrounding tissues. Histopathology later confirmed a Grade II soft tissue sarcoma (STS).
- Pryts also has other stable subcutaneous masses and some hindlimb osteoarthritis signs, likely worsened by weight gain and recent rest.
- Because the sarcoma was incompletely excised, the risk of local recurrence remains significant. Oncology advice suggested further staging and possible treatment options including repeat surgery, radiotherapy, electrochemotherapy, or metronomic chemotherapy, depending on presence of metastasis and owner preference. Soft tissue sarcomas generally have low metastatic potential, but staging is recommended.
- Abnormal PE/Chem/CBC/UA Results: Unremarkable, except ALP 231 U/L

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN AND LEFT FRONT LIMB

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax & Left Front Limb

The periarticular bones of both shoulder joints present moderate osteophyte new bone formation.

The left axillary lymph node is prominent.

In the subcutaneous tissue at the medial aspect of the left elbow joint, an ill-defined, soft tissue swelling is appreciated; extending distally up to the proximomedial aspect of the left antebrachial flexor muscles; measuring approximately 1.9 x 4.4 x 8.7 cm.

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 with randomly distributed interspersed punctuate mineralization.

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

Abdomen



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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. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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 and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excision of soft tissue sarcoma medial aspect left elbow joint/axillary region
- Diffuse subcutaneous soft tissue swelling medial aspect left elbow joint
- Lymphadenopathy left axillary lymph node
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse subcutaneous swelling along the medial aspect of the left elbow joint is concerning for local reoccurrence of the excised soft tissue sarcoma – biopsy may be considered for confirmation. A differential is post operative scar tissue/granulation tissue formation, but I consider this less likely here.

The prominent left axillary lymph node is equivocal for reactive lymphoid hyperplasia versus metastatic spread. FNA sampling can be performed as advanced minimally invasive diagnostic test.



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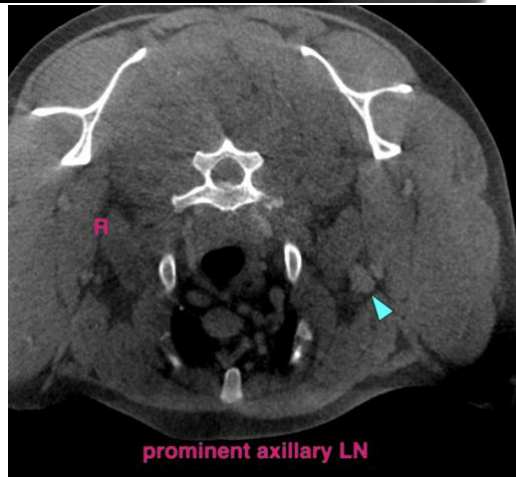
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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. DipECVCI
info@sonopath.com