



## PATIENT

Griffin Sargent

## SPECIES

Canine

## BREED

Am. Staffordshire  
Terrier

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

38.2

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Megan Schey, CVT

## HOSPITAL NAME

Mountain West VS

## REFERRING VET

Dr. Andrew Burton

## INVOICE

36549

## DATE

4/10/26

## PRESENTING CLINICAL SIGNS

History: Griffin, an 11-year-old male dog, presented for evaluation of swelling on his toes. The owner reports the swelling initially appeared on the third digit of the right hindlimb a couple of months ago. Within a month or two, the contralateral hindlimb also developed swelling on the same digit. Today, the owner noticed a new lump on his left hindlimb.

Abnormal PE/Chem/CBC/UA Results: Lymph Nodes: The left popliteal lymph node is enlarged. The right popliteal lymph node is prominent on palpation but not significantly enlarged. Integumentary: A previously diagnosed lipoma is present at the base of the tail. A small SQ mass is present on the chest. The skin over the affected right hind digit is erythematous and raw from rubbing. Neurologic: No ataxia, normal mentation. Musculoskeletal: Symmetrical swelling is present on the fourth digit of both hindlimbs. The affected digits appear hyperextended, suggestive of flexor tendon laxity or rupture. The left stifle has an abnormal cranial drawer sign, consistent with the history of cruciate ligament disease, but does not feel grossly unstable. A mild lameness is present, but the source is difficult to localize.

## COMPUTED TOMOGRAPHIC STUDY OF THE HIND PAWS

A high resolution pre- and post-contrast CT study of the hind paws is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The popliteal lymph nodes bilaterally is moderately prominent, L>R.

The osseous and surrounding soft tissue structures of the tarsal joints are within normal limits.

The fourth digit of both hind paws presents a circumferential soft tissue swelling. The middle phalanx of the fourth digit of the right hind paw presents solid periosteal new bone formation. The joint space of the distal interphalangeal joint of the fourth digit of the right hind paw is significantly widened and presents a marked periarticular soft tissue swelling. The distal epiphysis of the middle phalanx of the fourth digit of the left hind paw presents moth eaten defects.

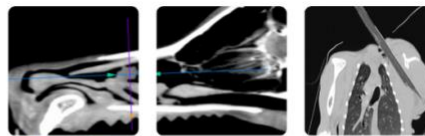
The proximal interphalangeal joint of the 4<sup>th</sup> digit of the left hind paw is mildly widened, and the respective joint presents a moderate periarticular soft tissue swelling. The distal epiphysis of the proximal phalanx of the 4<sup>th</sup> digit of the left hind paw presents sporadic moth-eaten defects.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Significant articular swelling distal interphalangeal joint 4<sup>th</sup> digit right hind paw
- Erosive lesions distal epiphysis middle phalanx 4<sup>th</sup> digit right hind paw
- Periarticular swelling proximal interphalangeal joint 4<sup>th</sup> digit left hind paw
- Circumferential soft tissue swelling 4<sup>th</sup> digit hind paw bilaterally
- Lymphadenopathy popliteal lymph nodes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents significant articular swelling of the distal interphalangeal joint of the 4<sup>th</sup> digit of the right hind paw and the proximal interphalangeal joint of the 4<sup>th</sup> digit of the left hind paw along with signs of pressure erosion versus erosive lesions of the subchondral bone of the distal epiphysis of the middle (right)/proximal (right) phalanx. The odds for arthritis (septic, degenerative, immune mediated) are high. However, underlying neoplastic disease (e.g. myxosarcoma, round cell tumor) are



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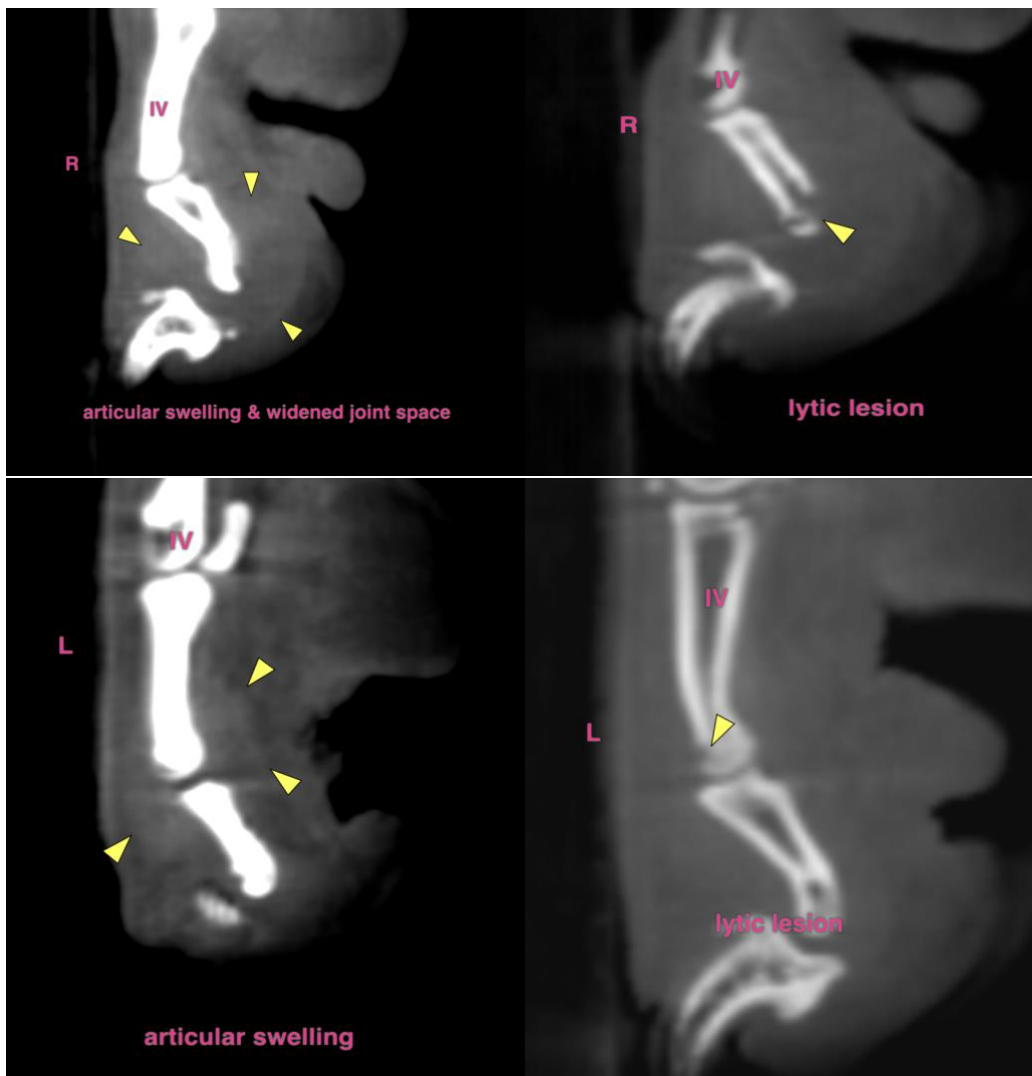
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potentials. If not done so yet, recommend tapping the respective joints/performing biopsy of the joint capsule along with FNA sampling of the enlarged popliteal lymph nodes is beneficial.



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  
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