



PATIENT

Bruce Coons

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

45.2 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Jennifer C.

HOSPITAL NAME

Pet Emergency &
Referral Center- NVA

REFERRING VET

Dr. Darby Toth

INVOICE

35426

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Owners noticed a bump on the left hip area two weeks ago which they took him to the rDVM. There was no improvement with the antibiotic, but they did notice improvement with the anti-inflammatory. There is a large, approximately 8cm x 6cm, firm, fixed, deep mass dorsal to the left hip, lateral to the spinal column. Unable to palpate the deep extent.

COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE & PELVIS

The images present a large mass of at least 10 x 8 cm at the level of the medial gluteus muscle, aligning with the pelvic bony surfaces and leading to an irregular periosteal and lytic lesion of the cranial tip of the iliac bone, extending caudally to the area of the coxo-femoral joint. There are unstructured classifications noted within the mass, which appears predominantly hypodense to the normal musculature and shows a mild and irregular uptake of contrast.

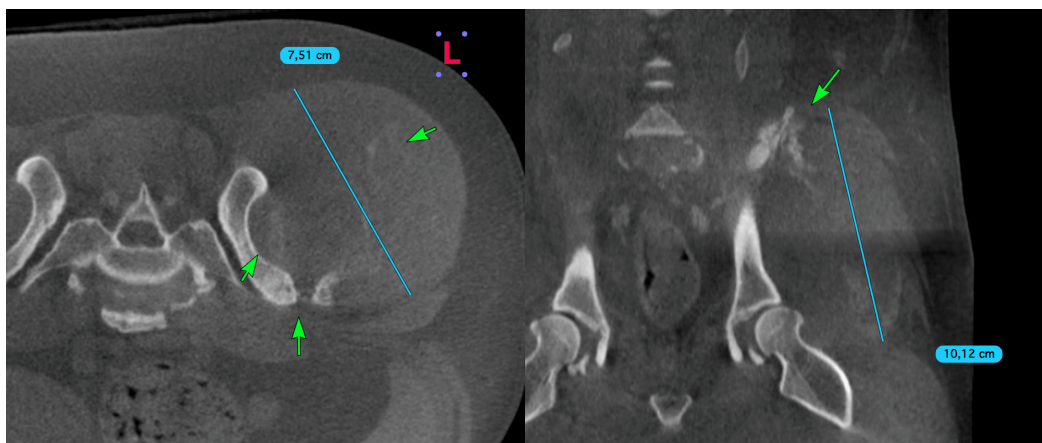
The medial inguinal lymph node on the left side is mildly enlarged. The other bony structures are inconspicuous, presenting mild and bilateral osteoarthritis of the coxofemoral joints. There are moderate degenerative findings noted at the lumbosacral transition with formation of ventral spondylosis. The other parts of the lumbar spine and abdomen are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected malignant lesion of the left medial gluteus muscle
- Mild enlargement left medial inguinal lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The morphology and size as well as the unstructured calcifications and periosteal/lytic reactions of the iliac bone would underline the assumption of a malignant lesion. Rhabdomyosarcoma and other soft tissue sarcomas are potential differentials. I would rule out a primary bone neoplasia and an inflammatory process. The mild enlargement of the medial inguinal lymph node is still consistent with a reactive and inflammatory lymph node and not compellingly a sign of regional metastasis. For further assessment, biopsy and histopathology are needed. I fear that curative surgery is difficult or not possible from a CT perspective.





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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 Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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