



PATIENT

Dakota #34536A-CT
Donohue

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

8Y, 10M

WEIGHT

77lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Pete Bashara, DVM

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Nick Hayes, DVM

INVOICE

75127

DATE

5-26-26

PRESENTING CLINICAL SIGNS

During routine physical exam, owner mentioned firm swelling over right caudal hip. Patient asymptomatic with no right sided mobility deficits. Patient has previously had a right maxilectomy to remove a fibrosarcoma and melanoma.

Abnormal PE/Chem/CBC/UA Results: Firm non-movable right proximal hindlimb caudal mass extending cranially. Cytology results reveal suspect soft tissue neoplasm. =

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS

Pre- and post-contrast computed tomographic images of the pelvis were provided for review, totaling 3 series. One pre-contrast series bone algorithm. Two post-contrast series soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

PELVIS

A large, rounded, cavitory to soft tissue attenuation mass effect is identified within the subcutaneous region, dorsal aspect of the proximal right pelvic limb and caudodorsal right pelvic region, measuring approximately 7.0 × 4.5 cm.

The lesion is predominantly extramuscular, although it is contiguous with adjacent musculature, including the right internal obturator and biceps femoris muscles. The lesion extends medially into the right ischiorectal fossa.

The medial aspect of the lesion is in broad contact with the external wall of the right surface vaginal canal, with loss of clear fat planes over an approximate length of 1.5 cm.

The lesion presents an irregular wall with marked peripheral contrast enhancement. The center of the lesion is predominantly fluid attenuation.

Adjacently the soft tissue mass effect a small focal osteolytic lesion is present at the dorsocaudal margin of the right ischium, measuring approximately 6.2 mm, associated with mild focal cortical loss/disruption, but well-defined contour.

The anal sacs are intact.

The Internal iliac lymph node is mildly enlarged and cystic, measuring 3.2 x 0.8 cm.

No other pelvic bone changes are detected.

The coxofemoral joints are congruent.

There is small incomplete bridging spondylosis deformans at L7-S1 and CCD 2-3.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cavitory soft tissue mass centered within the subcutaneous, caudodorsal right pelvic region and proximal right pelvic limb, extending into the right ischiorectal fossa and closely associated with the right lateral vaginal wall.
- The imaging characteristics and locally aggressive behavior are most consistent with soft tissue neoplasia, with soft tissue sarcoma considered the primary differential diagnosis. Other potential differential diagnoses include other mesenchymal neoplasms such as leiomyosarcoma, histiocytic sarcoma, or others.
- Small focal osteolytic lesion affecting the dorsocaudal aspect of the right ischium, suspicious for early osseous invasion or concurrent bone cyst/infarct.



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- Mild enlargement of the Internal iliac lymph node. Differential diagnoses include reactive lymphadenopathy or metastatic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

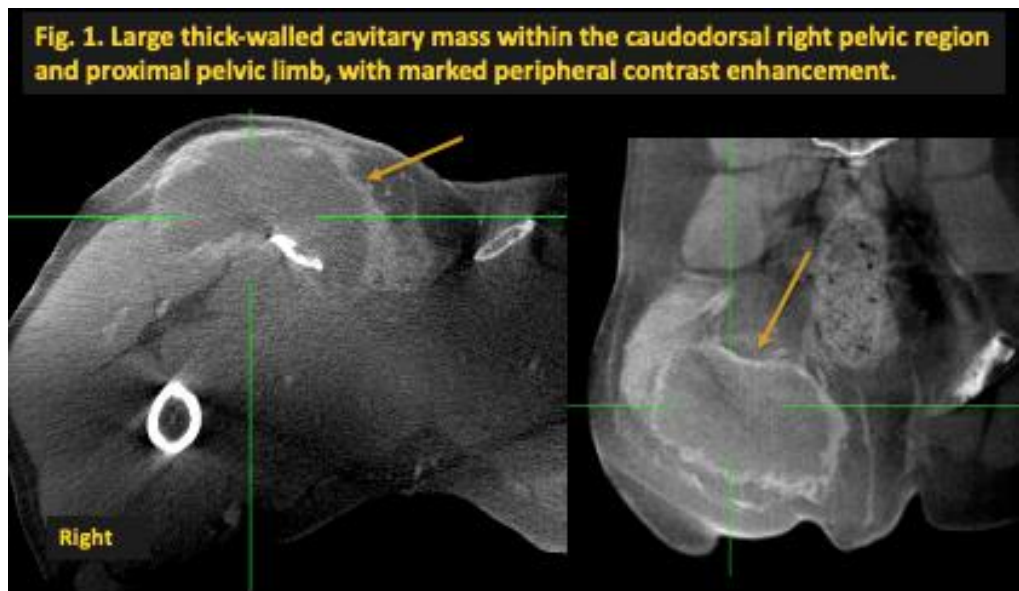
The tomographic findings reveal a locally cavitory soft tissue mass involving the right caudodorsal pelvic region, with extension into the ischiorectal fossa and possible adhesion to the right lateral vaginal wall.

The associated focal osteolytic change involving the adjacent ischium may represent early osseous invasion; differential diagnoses include early metastatic bone involvement or a cystic/aneurysmal bone lesion.

Additionally, mild enlargement of the Internal iliac lymph node. Differential diagnoses include reactive lymphadenopathy or metastatic lymphadenopathy.

Given the previous cytologic findings, soft tissue sarcoma remains the primary diagnostic consideration. Correlation with histopathology is recommended for definitive tumor classification and grading.

Thoracic staging is recommended if not yet performed.





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Fig. 2. Large thick-walled cavitary mass within the caudodorsal right pelvic region and proximal pelvic limb, with marked peripheral contrast enhancement.

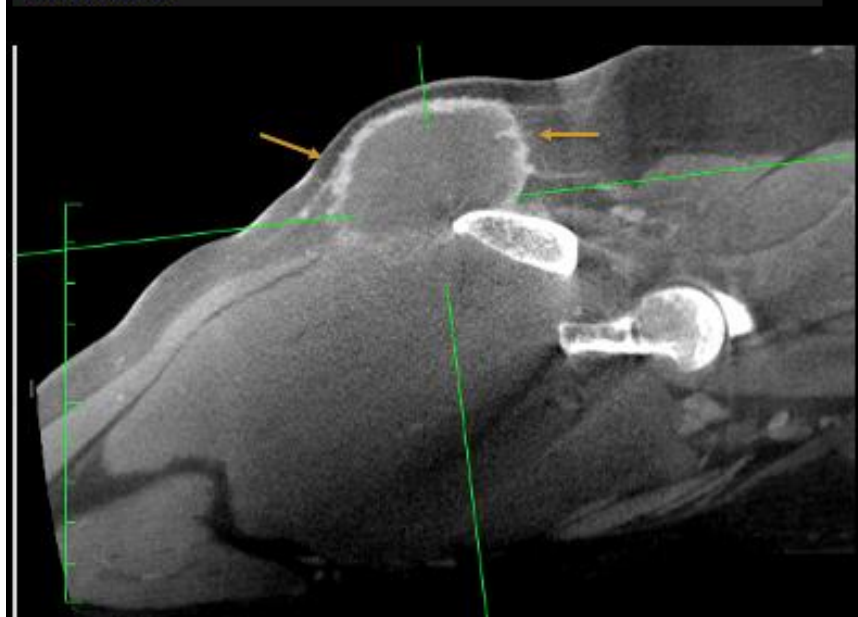
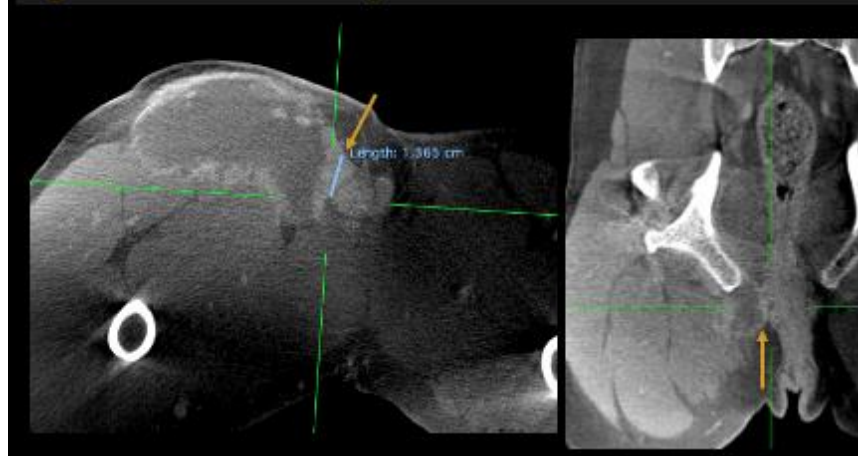


Fig. 3. The mass extends into the right ischiorectal fossa and contacts the right lateral vaginal wall with loss of normal fat planes.





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Fig. 4. Small focal osteolytic lesion affecting the dorsocaudal aspect of the right ischium with mild cortical disruption.

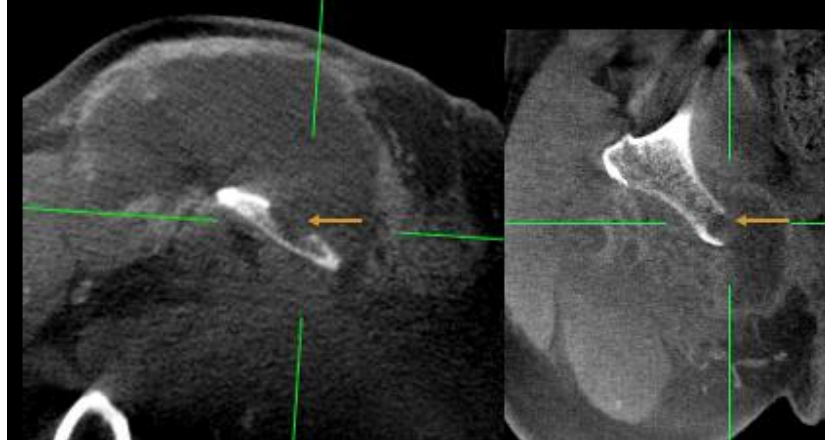


Fig. 5. Mild enlargement and cystic change of the right internal iliac lymph node.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com