



**DATE PRESENTING CLINICAL SIGNS**

10/22/21

Mass in skin ventral neck, FNA to R/O thyroid tissue vs other ; FNA performed

**CYTOLOGY SUBMISSION**

Neck mass

**INTERPRETED BY**

L.D. McGill, DVM,  
Ph.D, DACVP

**OBSERVATIONS**

Neck mass: Submitted are 5 videos of cells collected from the neck mass in Berkeley. The cellularity is rather uniform with large numbers of neutrophils and scattered macrophages. Some of the macrophages have vacuolated cytoplasm. Other specific cellularity is not identified. The neutrophils are non-degenerate and I was unable to identify bacteria. There are no changes in this collection that would suggest malignancy.

**PATIENT**

Berkeley Tolliver

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neck mass - Abscess with no specific bacteria noted.

**SPECIES**

Canine

**COMMENTS**

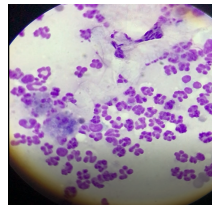
The cellularity in this collection is characteristic of a non-septic abscess with massive numbers of neutrophils. There are macrophages. It could be from any type of process in this region. I was unable to identify other organs that might be associated with this inflammatory process. An inflamed keratinized cyst that ruptured is also possible. Draining and treatment for inflammation is encouraged. Excision can also be considered. A favorable prognosis is expected unless there are large numbers of these lesions in other locations.

**BREED**

Golden Retriever Mix

**SEX**

Male Neutered



**AGE**

1yr

Image shows large numbers of neutrophils with possible keratin. There are no changes of malignancy or sepsis.

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.

**WEIGHT**

20 lbs

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.

**HOSPITAL NAME**

Rockaway Animal  
Hospital

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**REFERRING VET**

Dr. Maniar

**INVOICE NUMBER**

617