



DATE PRESENTING CLINICAL SIGNS

6/16/23

Soft, hairless mass on Left Cranial thorax near left axilla- 1.4cm

INTERPRETED BY CYTOLOGY SUBMISSION

Left cranial thoracic mass

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

OBSERVATIONS

Left cranial thoracic mass: Submitted are 2 excellent videos and 5 images of cells collected from the left cranial thoracic mass on Tank. The cellularity in the images supports chronic inflammation with macrophages with foamy cytoplasm, neutrophils and rare lymphocytes. There were 1 or 2 spindle cells. A giant cell was included in 1 of the images. The videos demonstrate prominent spindloid to polyhedral cells with prominent anisocytosis and anisokaryosis. Multinucleated cells are observed.

PATIENT

Tank Slover

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine

Left cranial thoracic mass - Consistent with soft tissue sarcoma with secondary chronic inflammation.

SEX

Male Neutered

COMMENTS

The cellularity in the videos strongly suggest the likelihood of a soft tissue sarcoma with multinucleated giant cells. There is some secondary inflammation. The cells are pleomorphic but not as anaplastic as we might expect for an aggressive soft tissue sarcoma. Excision of the mass is encouraged. An outside possibility would be some type of pyogranulomatous inflammation with multinucleated giant cells. In either instance, excision of the mass is encouraged. A follow-up biopsy to confirm the process is also in order. I would not expect this mass to metastasize.

AGE

9y

WEIGHT

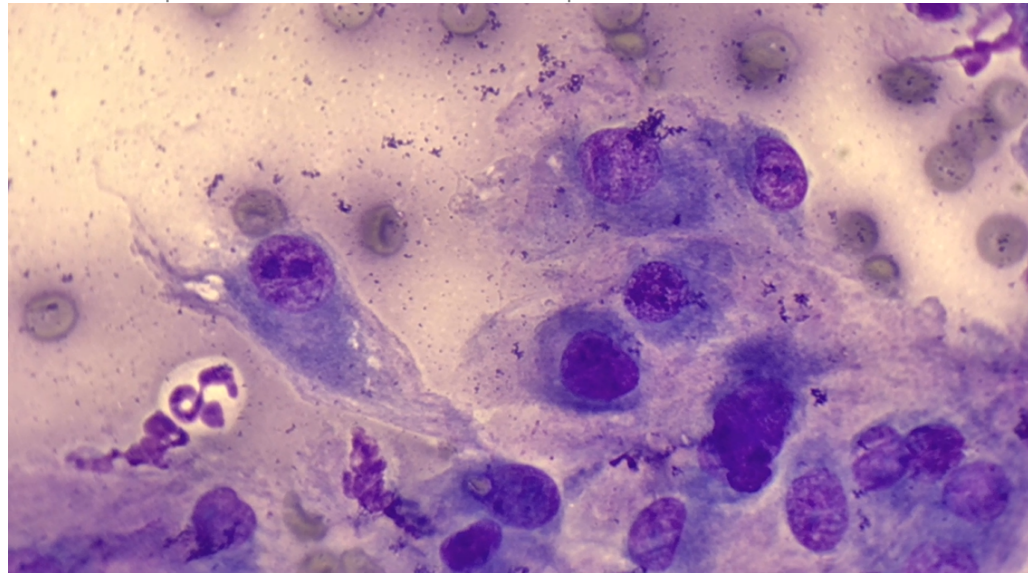
35.8#

HOSPITAL NAME

Rotterdam Veterinary
Hospital

REFERRING VET

Dr. Anna St.Sir



INVOICE NUMBER

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The cellularity in this image supports the soft tissue sarcoma process suggested in the diagnosis of the mass collected from Tank. Notice the anisocytosis and anisokaryosis and elongated cellularity of the cells.



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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.

INTERPRETED BY

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

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.

PATIENT

Tank Slover

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