



**DATE PRESENTING CLINICAL SIGNS**

9/27/22 Patient presented 9/23/22 for new growth on left hind foot. On dorsal left hind paw 2 cm red alopecic mass. Mass present for unknown amount of time. Hx of allergies, pododermatitis and otitis.

**INTERPRETED BY CYTOLOGY SUBMISSION**

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

Paw lesion

**OBSERVATIONS**

Paw lesion: Submitted are 22 excellent images of excellent collections of cells from the lesion on the paw on Beau. The cellularity is rather consistent through all of the images. Neutrophils are the most numerous in most of the images. Macrophages are readily identified. Necrotic debris is prominent. I did not identify any bacteria. Malignant criteria was not identified in any of the cells.

**PATIENT**

Beau Stevens

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Paw lesion

**SPECIES**

Canine

**COMMENTS**

The cellularity is characteristic of a chronic inflammatory process with necrosis. This is likely the result of some type of chronic inflammation locally. Sterile pododermatitis is often the result of a ruptured follicular cysts or follicular structures. I would not be surprised if this reaction was due to a ruptured follicular cyst of some type in this location. It could also be due to the pododermatitis. There is no suggestion of neoplasia or sepsis. Anti-inflammatory therapy and treatment by cleaning up the region may be beneficial. These reactions can be difficult to treat and thus a guarded prognosis should be considered. It may take a long term therapy.

**BREED**

Labrador Retriever

**SEX**

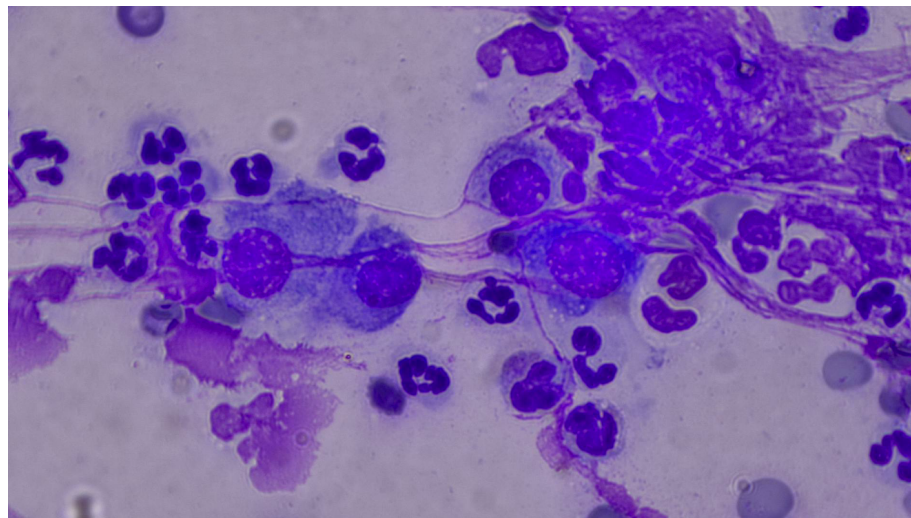
Male Neutered

**AGE**

5/5/2016

**WEIGHT**

114 lb



**HOSPITAL NAME**

Central Veterinary  
Hospital

Image shows neutrophils and several macrophages collected from the paw lesion on Beau. The amorphous and strung out material is necrotic debris. The RBCs are prominent.

**REFERRING VET**

Dr. Goeldner

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.

**INVOICE NUMBER**

809



**DATE**

9/27/22 **L.D. McGill, DVM, Ph.D., DACVP**  
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**INTERPRETED BY**

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

**PATIENT**

Beau Stevens

**SPECIES**

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**BREED**

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