



**DATE PRESENTING CLINICAL SIGNS**

9/22/22

Patient presented 9/20/22 with chief complaint of swollen left hind leg. On exam left hind was edematous at tarsus, left popliteal severely enlarged 3.2cmX3.4cm, red, warm, painful, hard. Multiple cutaneous masses noted. Patient started on cefpodoxime and gabapentin.

**INTERPRETED BY**

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

Patient presented for recheck exam 9/29/22. Owner noticed several new growths since original appointment. Left popliteal is much smaller, firm, no longer painful. Aspirates taken during appointment

Video of second mass aspirate to follow.

**CYTOLOGY SUBMISSION**

Leg swelling

**PATIENT**

Henry Korkosz

**OBSERVATIONS**

Leg swelling: Submitted are 2 excellent videos of minimal collections of cells from the leg swelling in Henry. There is a background of protein and there are scattered erythrocytes. The cellularity is mixed with neutrophils, necrotic cells and large numbers of large cells many of which are vacuolated. There are scattered metachromatic granules in the fluid and there are scattered cells that may have metachromatic granules in their cytoplasm. Some of the cells with vacuolated cytoplasm suggest the possibility of the degranulated mast cells.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Leg swelling - Pyogranulomatous inflammation and necrosis with a suggestion of mast cells and mast cell granules.

Chihuahua

**COMMENTS**

The cellularity is minimal in this collection. There are some cells that suggest the possibility of mast cells with metachromatic granules in their cytoplasm. There could be some granules free in the surrounding fluid. All of this would suggest the possibility of a mast cell tumor. This could be a mast cell tumor with secondary inflammation and edema. It is not diagnostic since there is so much inflammation and necrosis. We will evaluate the popliteal lymph node to see if this provides any additional information otherwise biopsies of the area may be required to confirm the process. Anti-inflammatory therapy is certainly in order.

**AGE**

13y

**WEIGHT**

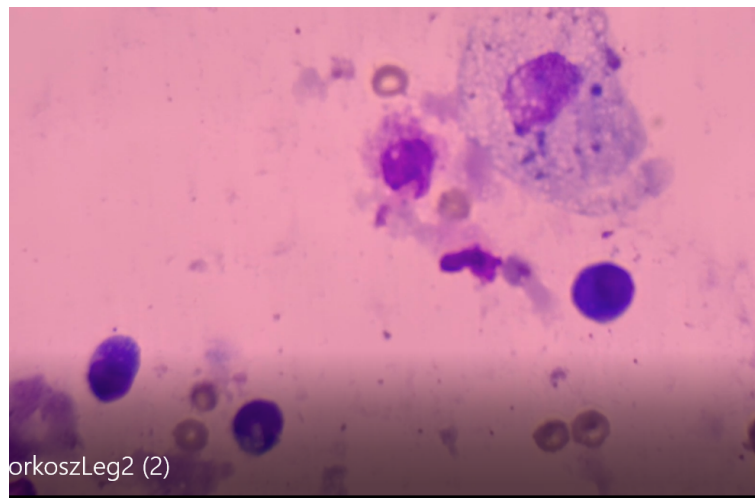
8.1#

**HOSPITAL NAME**

Rotterdam Veterinary  
Hospital

**REFERRING VET**

Dr. St. Sir



orkoszLeg2 (2)

Image shows large cells and some lymphocytes and a polymorphonuclear cell collected from the leg on Henry. The smaller large cell may be a mast cell and the larger is a macrophage or degranulated mast cell.

**INVOICE NUMBER**

814



**DATE** 9/22/22 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.

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

**L.D. McGill, DVM, Ph.D., DACVP**  
8288 Top of the World Drive  
Cottonwood Heights, UT 84121  
ldmcgill.vetpath@gmail.com  
cell: 801-865-1220

**PATIENT** Henry Korkosz

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

SF

**AGE**

13y

**WEIGHT**

8.1#

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