



PATIENT

Doc Jenkins

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered male

AGE

5 years

WEIGHT

57 lbs

INTERPRETED BY

Dr. Lawrence McGill,
DVM,Ph.D.,Diplomate,
ACVP

IMAGING PERFORMED BY

Dr. Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Waffle

INVOICE

69201

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: owner noticed lesion on dorsal pinna approx 1 week ago

CYTOLOGY SUBMISSION

FNA of dorsal pinna skin mass was submitted

OBSERVATIONS

Dorsal pinna skin mass: Submitted are 6 excellent images of very good collections of cells from the dorsal pinna skin mass on Doc. The major cellularity consists of round cells. The round cells have large nuclei that are mainly centrally located. There is bluish gray cytoplasm in these cells. There are scattered lymphoid cells and RBCs. The majority of the cells again are the large round cells that have a fried egg pattern. This is strongly suggestive of a specific cell type.

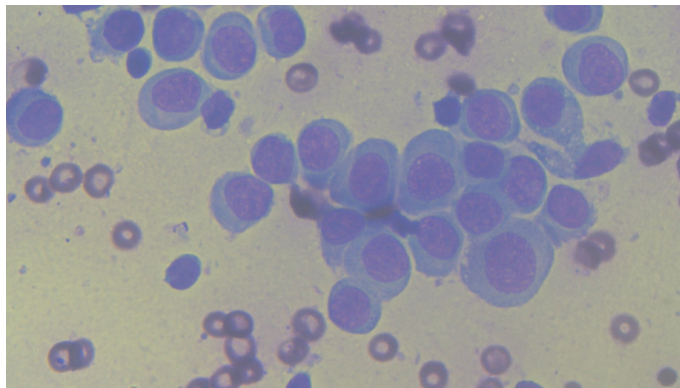
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Dorsal pinna skin mass - Consistent with histiocytoma.

COMMENTS

The cellularity in this collection is very good and is a round cell tumor that is most characteristic of a histiocytoma. There is minimal inflammation and hemorrhage. Hopefully this mass will regress on its own. If it continues to grow, excision can be considered and if completely excised and should not cause any further problems. Cytologically it has a benign round cell tumor pattern in this collection. Hopefully the trauma of aspiration is enough to start regression of the mass.

CYTOLOGY IMAGE



This is an image demonstrating large numbers of round cells collected from the dorsal pinna skin mass on Doc. Note the fried egg pattern of the nucleus being in the center of the cell.



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

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

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