

PATIENT

Bella Wise

SPECIES

Canine

BREED

Briard

SEX

Female

AGE

9 years

WEIGHT

112 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kutcher

INVOICE

73925

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- FNA toe mass on LR, digit #3
- Presented for surgical removal, however, mass appears aggressive and there is osteolysis of regional bones.
- Painful and dog is licking at it
- PE: Favoring LR, apx 3" x 5" x 5" mass on LR digit #3 - irregular, deviating other toes, painful w/drainage tracks. Popliteal LN enlarged and irregular, apx 2" x 1". • RADS- complete osteolysis of P3, P2 and distal portion of P1 • AUS - moderately enlarged L MILN - ddx reactive vs metastatic; geriatric abdomen otherwise. • US toe mass - heterogeneous with variably sized mineralizations and highly vascular. • CXR - no overt metastasis

CYTOLOGY SUBMISSION

- FNA of toe mass was submitted

OBSERVATIONS

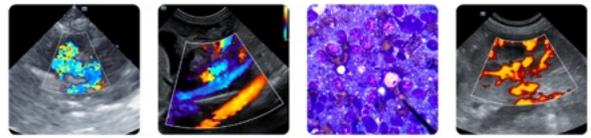
Toe mass: Submitted are 12 excellent videos and 3 excellent images of cells collected from the toe mass on Bella. The cellularity includes a massive number of inflammatory cells with granulation tissue interspersed with large numbers of keratinized cells that are squamous epithelial cells. Very few of these cells have nuclei. There are large clumps of keratinized cells as part of the collection. Malignant characteristics are not identified.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Toe mass - Aggregates of keratinized cells with pyogranulomatous inflammation consistent with subungual infundibular cyst with secondary pyogranulomatous inflammation.

COMMENTS

This cellularity is most characteristic of a benign cystic structure that has undergone severe inflammation which will result in degeneration of the proximal bones. This is a common lesion in the toe. I cannot completely rule out a squamous cell carcinoma of the subungual region. However, the most likely is a large cystic structure in the subungual region. Treatment for inflammation may be beneficial for a period of time however the only treatment option according to my understanding is excision. The only means for therapy is to remove the keratinized debris. Once these lesions get as bad as you described, the surgery can be very extensive. Consultation with a surgeon that knows about these lesions may be beneficial in Bella. At this time it is my opinion that without excision, an unfavorable prognosis can be expected.



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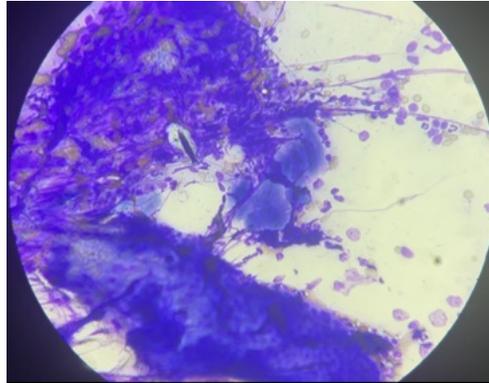
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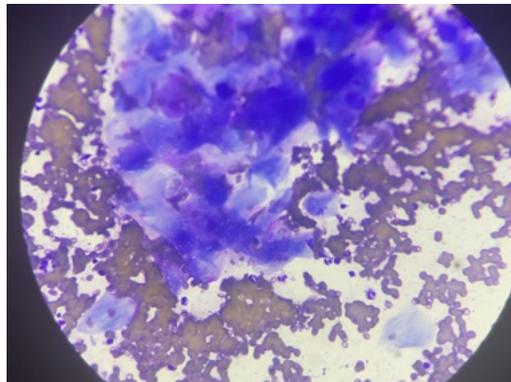
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CYTOLOGY IMAGE



This is an image of the collection of material from the subungual region on Bella. Note the keratinized cells without nuclei interspersed with a marked inflammatory response.



This image demonstrates a field of large numbers of keratinized cells without nuclei. This is a common finding in keratinized cysts in the subungual area such as this on Bella.

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

8288 Top of the World Dr. Cottonwood Heights, UT 84121

Cell: 801-865-1220 Ldmcgill.vetpath@gmail.com