



PATIENT

Milo McBean

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered male

AGE

9 years

WEIGHT

47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nick Pizzemento

HOSPITAL NAME

Central VH

REFERRING VET

Dr. Anna St Sir

INVOICE

74668

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: Soft, SQ mass on right side of sternum

CYTOLOGY SUBMISSION

FNA of the subcutaneous mass was submitted

OBSERVATIONS

Subcutaneous mass on the right side of the sternum: Submitted are 9 excellent images and 3 excellent videos of very good collections of cells from the subcutaneous mass on Milo. The cellularity is almost entirely spindloid to polyhedral cells with several multi nucleated cells. Many of the cells have vacuoles in their cytoplasm and some of the vacuoles are quite large. There is prominent anisocytosis and anisokaryosis. There are scattered inflammatory cells but the major process is a proliferation of spindloid to polyhedral cells.

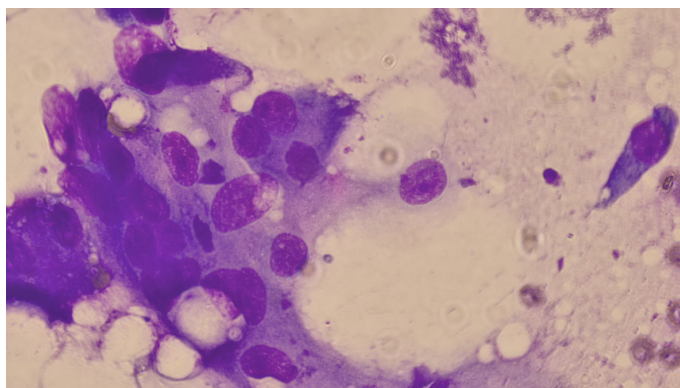
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Subcutaneous mass on the right side of the sternum - Cellularity characteristic of a soft tissue sarcoma and possible liposarcoma.

COMMENTS

The cellularity is essentially diagnostic for a soft tissue sarcoma. The multi nucleated cells fit that diagnosis as well. The large vacuoles suggest the possibility of lipid proliferation at this site. This suggests the possibility of liposarcoma but it is not diagnostic. This type of mass is difficult to completely excise and thus they commonly recur locally but metastasis is rare. Wide excision is the preferred means for therapy. A guarded prognosis is warranted due to the potential of localized recurrence.

CYTOLOGY IMAGE



This is an image of cells collected from the subcutaneous mass on Milo. Note the prominent anisokaryosis and anisocytosis with lipid vacuoles in this image.



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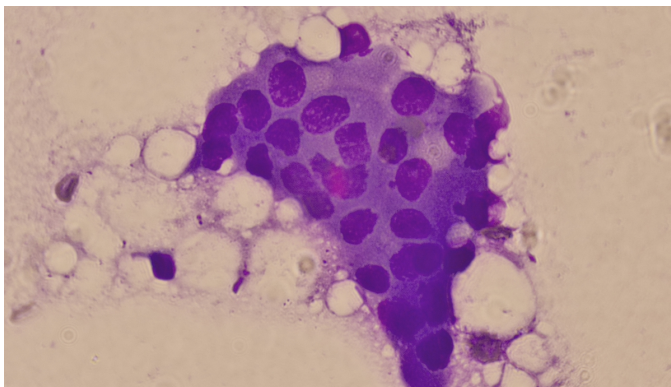
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This is an image of a possible giant cell collected from the subcutaneous mass on Milo. Note the vacuoles associated with this aggregated population of anisokaryotic cells.

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

info@sonopath.com