



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Perdita Zeichner **DATE:** 8/16/2023 **REASON FOR VISIT:** annual **HISTORY:** Pet is here for annual+bord+hwt. Owner states over the past few weeks owner states has heard cough and sneeze couple times daily- owner believes allergies based as no discharge noted and pet is BAR. Owner would also like growths looked at. (RR paw and thigh area/ LR skin tag/ L side on abd) owner tsates there is a cut on right rear leg that believes happened on travels here today.

SPECIES Canine **ABNORMAL PE/CHEM/CBC/UA RESULTS:** Hydration: Appropriately hydrated **MENTATION:** BAR, sweet but easily excitable **EENT:** No nasal discharge; clear no discharge OU; clean no debris AU; No cough on tracheal palpation. **ORAL CAVITY:** mild dental tartar present **LYMPH NODES:** Symmetrical, no changes in size, shape, consistency **SKIN:** Good hair coat, no signs of ectoparasites. ~13 mm round firm SQ mass attached to lateral aspert of 4th toe RH paw. ~10 mm soft SQ/intradermal mass just left of caudal teats, feels deflated. Three ~5 mm dermal growths: caudal aspect of both thighs and top of LH paw. **CV/RESPIRATORY:** No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. **ABD/GI:** Soft non painful abdomen, no palpable organomegaly or abnormalities **URO/PERINEUM:** N **MUSCULOSKELETAL:** Ambulatory x4, no lameness noted. No pain on palpation of limbs. **BCS:** 5/9 **NEUROLOGICAL:** Appropriate **PROCEDURE:** sedated fna & rads technician notes: 8:45am- admin 0.5mls dex and 0.65mls torb im l hind 8:50am- admin 0.9mls diphenhydramine im r epaxial dr.white attempted fna on r hind paw (no cells aspirated) took 2 view xrays of r hind paw to sono 9:25am- admin 0.5mls antisedan im r hind **DOCTOR NOTES:** Non-productive FNA, decided to take rads instead **CLIENT COMMUNICATION:** DJW - Called O after procedure to update. Discussed that the growth was much firmer than anticipated, did not get any cells or debris when FNA'd so we took rads instead. Consult pending

BREED Pitbull Mix

SEX SF

AGE 9 Years, 5 Months

RADIOGRAPHIC STUDY OF THE RIGHT PELVIC LIMB, DISTAL PORTION.

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

Radiographs of the pelvic limbs in two imaging planes are provided for review totaling 2 images. One dorsoplantar and one lateral view focus on the right metatarsal and digits.

RADIOGRAPHIC FINDINGS

There is a circumferential soft tissue mass effect contiguous to the first phalanx, unguis process, and spans throughout the second phalanx of the V digit of the right pes. No osteolytic lesion or bone reactions seen adjacently are noted. No evidence of radiopaque foreign material.

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There is a small asymmetrical soft tissue swelling/mass effect in the medial border of the first and second phalanx of the IV digit of the right pes. No osteolytic lesion or bone reactions seen adjacently are noted. No evidence of radiopaque foreign material.

REFERRING VET

Dr. White

The remainder of the collimated structures are unremarkable.

RADIOGRAPHIC DIAGNOSIS

- Focal mass or pododermatitis at the fifth digit of the right pes. No evidence of osseous involvement or unguis reabsorption.
- Focal asymmetrical soft tissue swelling/mass effect of the fourth digit of the right pes, contiguous to the previous described lesion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The radiographic findings are correlated to the present clinical signs and physical exam. The mass within the right V and VI digits is restricted to the soft tissue. The differential diagnosis of the



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described lesions is soft tissue neoplasm process, granuloma, or pododermatitis. The neoplasm processes involving the soft tissue in this region usually are squamous cell carcinoma or melanoma. However, a benign granulomatous lesion could not be excluded. Consider an excisional biopsy for the diagnosis.

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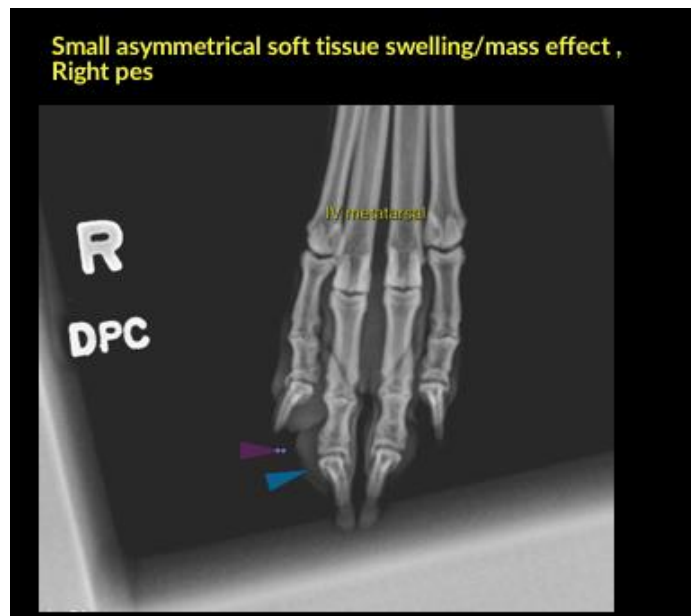
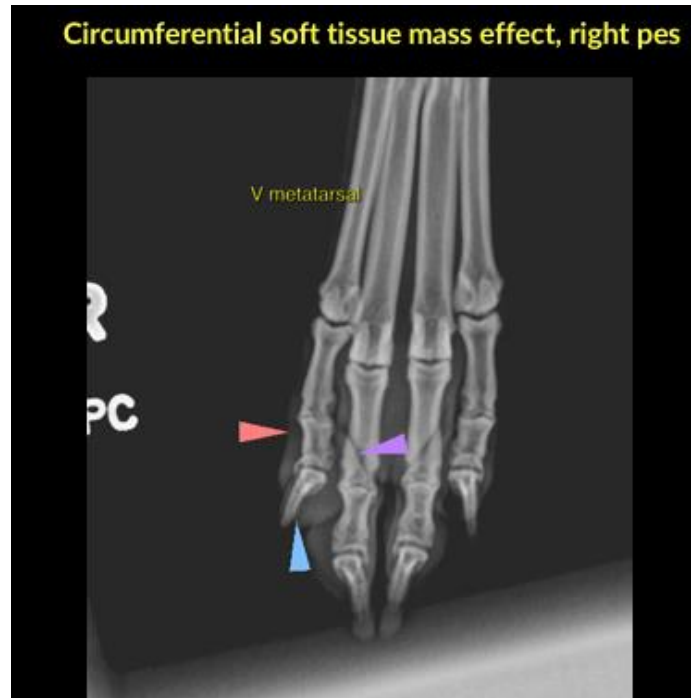
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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