

Patient Info:

Name: Bobo
Record No: 16715
Owner: Anderson, Karen
Doctor: Sara Sheltren, DVM

Species: Dog
Breed: Pitbull
Age: 4Y
Sex: N

Hospital:

East Padden Animal Hospital
 8611 NE Ward Road #115
 Vancouver, WA 98682

Accession No.	Doctor	Owner	Patient Name		
K6871774	Sara Sheltren, DVM	Anderson, Karen	Bobo		
Test	Results	Adult ReferenceRange	L	Normal	H
PRIORITY CYTOLOGY W/DESC (4 SI				Date given: 12-13-16 T8:18a	

SOURCE/HISTORY

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1. Firm, lobulated SQ mass present on ventral proximal tail measuring 3 x 1.8 cm. Two slides labeled "tail" received.
2. Raised firm round dermal mass present on left side of caudal dorsum measuring 0.8 cm. Received 4 slides labeled " L back", one prestained, rest greasy before staining.
3. Soft freely movable SQ mass present in pectoral region measuring 2.3 x 3.2 cm. Three slides received labeled "pectoral", one prestained, rest greasy before staining.
4. Firm round freely movable SQ mass present on left stifle measuring 1 cm. Two slides received labeled "L knee".

MICROSCOPIC DESCRIPTION

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1. Tail: Cellularity is low consisting of mostly macrophages often contain basophilic hemosiderin pigments. There are lower numbers of hepatoid appearing epithelial cells with granular basophilic cytoplasm in moderate to abundant amounts and round to oval nuclei with finely to moderately granular chromatin and usually a single central nucleolus. A few slender stromal cells and capillaries are seen. No infectious agents or cells with high criteria of malignancy are apparent.
2. L Back: The slides contain moderate numbers of well-granulated mast cells with mild anisocytosis situated both individually and in sheets on a background of mild blood and many purple granules. Scattered macrophages, fibrocytes, and eosinophils are present along with scattered keratin and sebocytes. No infectious agents are seen.
3. Pectoral: Slides contain moderate numbers of mature adipocytes with small dense peripheral nuclei and abundant clear to pale pink cytoplasm. There is scattered blood and lipid. No infectious agents or overtly malignant cells are seen.
4. L Knee: Cellularity is low in scattered droplets of pink serous fluid. Tissue cells mostly represent clump of foamy sebaceous cells with few small slender spindle cells and a rare sheet of nonvacuolated epithelial cells with blue/gray granules suspicious for apocrine origin. Significant mast cell infiltrate, infectious agents, or cells with high criteria of malignancy are not apparent.

CYTOLOGICAL INTERPRETATION

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1. Tail: Low cellularity, probable perianal gland adenoma.
2. L Back: Mast cell tumor with low atypia.
3. Pectoral: Mature fat and lipid (lipoma versus perilesional fat).
4. L Knee: Suspect benign epidermal/adnexal tumor.

COMMENTS

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1. Tail: While the mass did not exfoliate well, a few cells with classic features for perianal gland adenoma are seen. While a benign behavior is expected, surgical excision with histopathology is advised. Complete excision should be curative but local recurrence or seeming local recurrence due to development of new tumors from adjacent glands is common. (Tumors in Domestic Animals, 4th Ed, pp 68-70, 2002).

2. L Back: All mast cell tumors should be considered potentially malignant and wide surgical excision for histopathologic grading and assessment of the surgical margins is recommended. Fine needle biopsies of the regional lymph node(s) may be considered to evaluate for metastasis if easily palpable.

3. Pectoral: The greasy appearance of the slides, predominance of mature fat cells, and provided description make a lipoma likely. However, aspiration of normal subcutaneous fat surrounding a separate nonexfoliative mass or nodule cannot be cytologically excluded. If the lesion grows rapidly, becomes invasive, or changes in character over time, or if a lipoma does not fit with your clinical impression, biopsy with histopathology is advised for further characterization.

4. L Stifle: Sebaceous cells predominate and could be from normal skin; if representative of the mass (along with the keratin and apocrine cells), a benign epidermal/adnexal tumor such as a sebaceous epithelioma or similar entity is likely. While these are usually behaviorally benign, surgical excision with histopathology is often performed as it is generally curative, provides complete characterization, and removes a source of potential inflammation and irritation for the pet.

If there are discrepancies between this report and your clinical impression, please do not hesitate to call me. Thank you.

PATHOLOGIST

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