



VDx

Veterinary Diagnostics
2019 Anderson Road, Suite C
Davis, CA 95616
(877) 753-4285

Acct # 5000
East Bay Veterinary Specialists
2803 Ygnacio Valley Rd.
Walnut Creek, CA 94598

Phone: (925) 937-5000

Report No.
12101394

Name	Tex	Sp, Breed	K9, Golden Ret.	Collected	10/18/12
Owner	Anderssen, Eric	Sex	MM	Received	10/19/12
Doctor	Atwater	DOB/Age	1/16/03	Reported	10/22/12
Copy sent to:	Dr. Atwater (e-mail)				

HISTORY

Subcutaneous mass in the left cervical prescapular region. Suspect soft tissue sarcoma.

SPECIMEN

Excisional biopsy of a mass that measures approximately 6 x 4 x 9 cm.

MICROSCOPIC DESCRIPTION

Multiple representative sections are evaluated. These samples represent a poorly demarcated nodular densely cellular densely fibrous neoplasm exhibiting poorly demarcated infiltrative growth pattern into the surrounding subcutaneous fat and deep skeletal muscle. The neoplastic cells are haphazardly arranged often separated and embedded in a fibrous to variably mucinous matrix are mostly spindle shaped but in some areas they are pleomorphic and atypical. Most cells have a large oval nucleus with coarse chromatin, 0-3 nucleoli and fine wispy eosinophilic cytoplasm. Occasional karyomegaly and multinucleated cells forms are identified. Multifocal areas of intralesional necrosis are noted. Areas are characterized by dense fibrous stroma these areas blend into nodular cell dense areas with a mostly mucinous matrix. Mild lymphoplasmacytic inflammation is unevenly distributed. Mitotic activity is regionally variable and is high as five per high power field in areas. The edges of the neoplasm are poorly demarcated and neoplastic cells and stroma exhibit a dissecting growth pattern with delicate tendrils that radiate in different directions away from the main bulk of the mass. There is also adjacent skeletal muscle included in the sample which is heavily infiltrated.

DIAGNOSIS

Invasive fibrosarcoma with areas of anaplasia, extends to margins.

COMMENT

The histomorphology and growth pattern of this tumor is very concerning. It certainly appears as a highly invasive malignancy. There are areas in which the neoplastic cell population and stroma are well differentiated and obviously fibrous in nature. Other areas are more anaplastic and producing scant mucinous matrix. These areas of anaplasia qualify as a high grade malignancy. That said, most of the tumor is fairly well differentiated.

PATHOLOGIST

Taylor A. Spangler, DVM
Diplomate, American College of
Veterinary Pathologists

Veterinarians: For consultation on this report, please call (877) 753-4285.

Full Biopsy - 1 Tissue

10/22/12
mm



VDxTM

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2019 Anderson Road, Suite C
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(877) 753-4285

Acct # 5000
East Bay Veterinary Specialists
2803 Ygnacio Valley Rd.
Walnut Creek, CA 94596

Phone: (925) 937-5000

Report No.
12101394

Name **Tex**
Owner **Anderssen, Eric**
Doctor **Atwater**
Copy sent to: **Dr. Atwater (e-mail)**
Complex Tissue Exam

Sp, Breed **K9, Golden Ret.**
Sex **MIN**
DOB/Age **1/16/03**

Collected **10/18/12**
Received **10/19/12**
Reported **10/22/12**



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Walnut Creek, CA 94598

Phone: (925) 937-5000

Report No.
12100774

Name	Tex	Sp, Breed	K9, Golden Ret.	Collected	10/10/12
Owner	Anderssen, Eric	Sex	MN	Received	10/11/12
Doctor	Nurre	DOB/Age	9 yrs 9 mo	Reported	10/11/12
Copy sent to:	Dr. Nurre (e-mail)				

HISTORY

Very firm subcutaneous mass in the shoulder region.

SPECIMEN

Three slides were received and evaluated.

MICROSCOPIC DESCRIPTION

Not requested.

DIAGNOSIS

Malignant stromal tumor (sarcoma).

COMMENT

Differentials for this population of spindle cells include intermediate to high grade soft tissue sarcoma, histiocytic neoplasia, fibrosarcoma, or other similar type neoplasm. The cells appear neoplastic, and therefore, local invasion is likely with high potential for regrowth if incompletely excised.

PATHOLOGIST

Sonjia M. Shelly, DVM
Diplomate, American College of
Veterinary Pathologists

Veterinarians: For consultation on this report, please call (877) 753-4285.

Mini Cytology - 1 Site



10/11/12 ASH



Protatek Reference Laboratory
574 East Alamo Drive, Suite 90
Chandler, AZ 85225
Telephone: 480.545.8499
Fax: 480.545.8409
email: pri@protatek.com

Laboratory Results

Dr. Nurre
Encina Vet Hospital
2803 Ygnacio Valley Rd.
Walnut Creek, CA 94598

ENCINA
Fax: (925) 937-8519
Phone: (925) 937-5000

Case: **12-5144**
Collection Date: 07/26/12
Accession Date: 07/27/12
Last Report Date: 07/27/12

Owner: **Anderssen**
Species: Golden Retriever / Canine
Age: 9 Years
Sex: N

Case Coordinator: Dr. Cynthia Holland, PhD

Serology

Spec #	Animal Id	Test	Interpretation	Result
1	Tex	A. phagocytophilum (E. equi)	< 1:10	Negative
1	Tex	Rickettsia rickettsii	< 1:40	Negative

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Acct # 5000
East Bay Veterinary Specialists
2803 Ygnacio Valley Rd.
Walnut Creek, CA 94598

Phone: (925) 937-5000

Report No.
12071566

Name	Tex	Sp, Breed	K9, Golden Ret.	Collected	7/24/12
Owner	Anderssen, Eric	Sex	MN	Received	7/25/12
Doctor	Atwater	DOB/Age	9 yrs 6 mo	Reported	7/25/12
Copy sent to: Dr. Atwater (e-mail)					

HISTORY

Anorexia and lethargy x 3 days. Moderately enlarged mesenteric lymph node.

SPECIMEN

Mesenteric lymph node - Five slides were received and evaluated. (One of the slides was received stained).

MICROSCOPIC DESCRIPTION

Not requested.

DIAGNOSIS

Lymphoid hyperplasia with neutrophilic and mononuclear inflammation.

COMMENT

The lymphoid population in this specimen appears hyperplastic to reactive. Neutrophils and macrophages are increased. Macrophages are mildly pleomorphic but do not display overt features of neoplasia. Consider possibilities such as Neorickettsial infection, foreign body reaction in the intestine, other visceral inflammation, etc.

PATHOLOGIST

Sonjia M. Shelly, DVM
Diplomate, American College of
Veterinary Pathologists

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Mini Cytology - 1 Site

**VDx**

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East Bay Veterinary Specialists
2803 Ygnacio Valley Rd.
Walnut Creek, CA 94598

Phone: (925) 937-5000

Report No.
12071420

Name	Tex	Sp, Breed	K9, Golden Ret.	Collected	7/22/12
Owner	Anderssen, Eric	Sex	MN	Received	7/24/12
Doctor	Priest	DOB/Age	9 yrs 6 mo	Reported	7/24/12

HISTORY

One day history of inappetence and lethargy. Blood work is unremarkable. Physical exam is unremarkable. Abdominal ultrasound showed a large spleen with hypoechoic nodules through the parenchyma.

SPECIMEN

Two slides are received and evaluated from a splenic FNA.

MICROSCOPIC DESCRIPTION

A markedly bloody background contains numerous splenic stromal elements. Elements have associated dark granular pigment compatible with iron. The majority of nucleated cells are dispersed individually throughout and are a population of lymphocytes predominantly. Small, mature forms compose the majority of lymphocytes present which are admixed with lesser numbers of intermediate to large sized lymphocytes and rare plasmacytoid cells. Metarubricytes are scattered throughout in low numbers as are moderate numbers of neutrophils. Macrophages are few.

DIAGNOSIS

Most consistent with a hyperplastic or reactive splenic nodule.

COMMENT

The cytologic components of this specimen are most consistent with a hyperplastic or reactive lymphoid splenic nodule. This is likely a benign lesion. In some cases these nodules become large, and result in hemorrhage or hematoma formation. Periodic monitoring is suggested with re-sampling if the lesions progress if appropriate. There is no evidence of neoplasia seen in this specimen.

PATHOLOGIST

Joanne Hodges, DVM
Diplomate, American College of
Veterinary Pathologists

Veterinarians: For consultation on this report, please call (877) 753-4285.

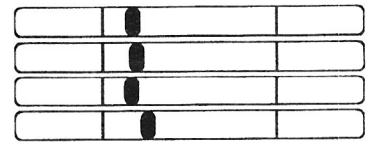
Mini Cytology - 1 Site

TEST	Result	Flag	Normal Range	Units
Hematology (HemaTrue) - Sunday, July 22, 2012 12:09 PM				

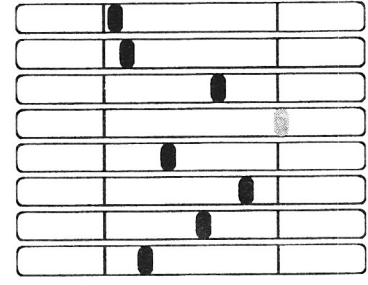
33046-B

Dog ID:ANDERSSEN,
TEX

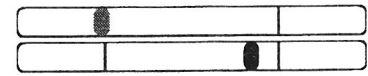
WBC	7.9		6.0 - 17.0	10 ³ /μl
LYM	1.7		0.9 - 5.0	10 ³ /μl
MONO	0.5		0.3 - 1.5	10 ³ /μl
GRAN	5.7		3.5 - 12.0	10 ³ /μl
LYM %	22.3			
MONO %	5.5			
GRAN %	72.2			



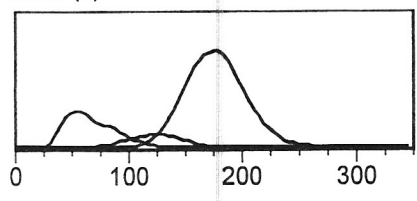
HCT	38.2		37.0 - 55.0	%
MCV	61.6		60.0 - 72.0	fl
RDW _a	46.8		35.0 - 53.0	fl
RDW %	17.8		12.0 - 17.5	%
HGB	14.2		12.0 - 18.0	g/dl
MCHC	37.3		32.0 - 38.5	g/dl
MCH	22.9		19.5 - 25.5	pg
RBC	6.20		5.50 - 8.50	10 ⁶ /μl



PLT	168	L	200 - 500	10 ³ /μl
MPV	9.7		5.5 - 10.5	fl

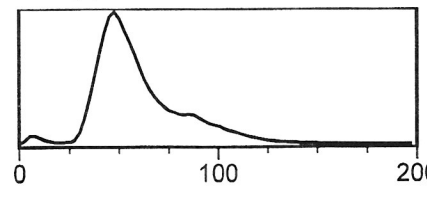


WBC (fl)



WBC Time: 10.0

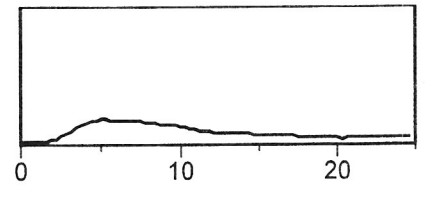
RBC (fl)



RBC Time: 13.7

Asp Time: 0.4

PLT (fl)



[Handwritten signature]

CRITICAL CARE PROFILE

East Bay Veterinary Specialists
2803 Ygnacio Valley Rd
Walnut Creek, CA 94598
(925)937-5000

7/22/2012 12:14 PM

CCX:

PATIENT INFORMATION

PATIENT ID
Patient Name
ATTENDING PHYSICIAN
NOTES

33046-b
anderssen, tex
Priest, Molly, Dr

SAMPLE INFORMATION

Time Analyzed
SAMPLE TYPE
BAROMETER:
Analyzed by:
Released by:

7/22/2012 12:12 PM
Canine Venous
752.83 mmHg
novaservice
auto

Errors

Comments

Test	Results	Units	Test Ranges		flags
			Low	High	
BLOOD GAS					
pH	7.422		7.310	7.500	
pCO2	27.1	mmHg	29.0	36.0	<
Hct	45	%	35	54	
Hb	15.0	g/dL	12.5	19.0	
CHEMISTRY					
Na+	145.6	mmol/L	140.0	159.0	
K+	4.08	mmol/L	3.70	5.80	
Cl-	118.6	mmol/L	105.0	115.0	>
Ca++	1.27	mmol/L	1.10	1.40	
Mg++	0.48	mmol/L	0.30	0.55	
Glu	83	mg/dL	60	110	
Lac	1.9	mmol/L	0.3	1.0	>
BUN	8	mg/dL	10	20	<
Creat	1.2	mg/dL	0.4	1.8	

CALCULATED

A	115.3	mmHg
HCO3-	17.9	mmol/L
BEecf	-6.9	mmol/L
BEb	-4.4	mmol/L
O2Cap	20.9	mL/dL

CALCULATED CHEMISTRY

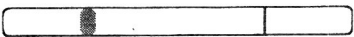
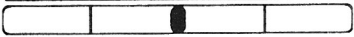

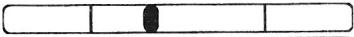

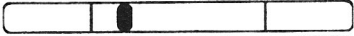
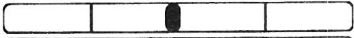
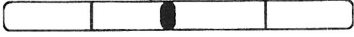
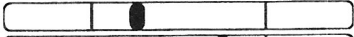
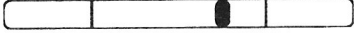


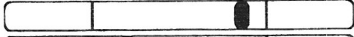
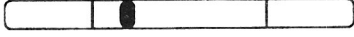
rCO2	18.7	mmol/L
Gap	9.2	mmol/L
Ca/Mg	2.6	mol/mol
iCa	1.29	mmol/L
iMg	0.49	mmol/L
Osm	287.3	mOsm/kg

3UN/Cr

Reporte

Notes

PCV - 46.10
TP - 7.2

TEST	Result	Flag	Normal Range	Units	
Chemistry (DRI-CHEM) - Sunday, July 22, 2012 12:12 PM					Dog ID:33046-B
BUN	7.3	L	9.0 - 29.0	mg/dl	
Creatinine	0.9		0.4 - 1.4	mg/dl	
BUN/Creat Ratio	8.1				
Phosphorus	3.1		1.9 - 5.0	mg/dl	
Calcium	10.1		9.0 - 12.2	mg/dl	
Corrected Ca	10.4		9.0 - 12.2	mg/dl	
Total Protein	5.9		5.5 - 7.6	g/dl	
Albumin	3.2		2.5 - 4.0	g/dl	
Globulin	2.7		2.0 - 3.6	g/dl	
Alb/Glob Ratio	1.2				
Glucose	88		75 - 125	mg/dl	
Cholesterol	262		120 - 310	mg/dl	
ALT (GPT)	34		0 - 120	U/l	
ALP	82		0 - 140	U/l	
GGT	12		0 - 14	U/l	
Total Bilirubin	0.1		0.0 - 0.5	mg/dl	

*Corrected Calcium is only valid for dogs which are greater than 6 months old



Encina Veterinary Hospital
2803 Ygnacio Valley Rd
Walnut Creek, CA 94598-3533
Phone: (925) 937-5000 / Fax: (925) 937-8519

License No. VET12480

Name: Eric And Nele Anderssen
Address: 3109 Windmill Canyon Dr.
Clayton, CA 94517
Phone: (925) 889-9139

Date: Nov 01, 2012
Patient: Tex
Species: Canine
Age: 9 years and 10 months old

Rx

Leukeran 2mg
Quantity: 30

Frequency: Please give 1 tablet by mouth once a day on an empty stomach. Please wear gloves. Keep refrigerated.

Refill: 5 Times

Dr. SPEC-Stephen Atwater

OWNER Anderssen PATIENT NAME Tex
 SPECIES K9 BREED Gold Ret COLOR Gold
 BIRTH DATE 1/16/2003 AGE m SEX m NEUTERED Y

DATE	DESCRIPTION	REMARKS
10/24/12	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">KEEP AWAY FROM CHILDREN FOR VETERINARY USE ONLY</div> <div> <p>Encina Veterinary Hospital (925) 937-5000 2803 Ygnacio Valley Rd Refill 937-1798 Dr. SPEC-Stephen Atwater Date: 10/24/2012</p> <p>Expires: 07/31/2013 Refills: 0</p> <p>Cephalexin 500mg (per cap) QTY: 28</p> <p>Please give 2 capsules by mouth every 12 hours for 7 days. Give with food.</p> <p>Tex Anderssen, Eric</p> </div> </div>	
NOV 17 2012	Recheck & Suture Removal	WT 88.9# 40.32kg
12:30	Spoke w owner	
OK	elects to pursue anti-neoplastic tx, Esp since on special diet and Plan: Neoplasia may be difficult to administer.	
	Plan:	
	Rimadyl 75mg BID	
	Leukeran 2mg daily	
	u/s q month	
	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">KEEP AWAY FROM CHILDREN FOR VETERINARY USE ONLY</div> <div> <p>Encina Veterinary Hospital (925) 937-5000 2803 Ygnacio Valley Rd Refill 937-1798 Dr. SPEC-Stephen Atwater Date: 11/01/2012</p> <p>Expires: 05/31/2015 Refills: 0</p> <p>Rimadyl 75mg Chewable (per chew) QTY: 60</p> <p>Please give 1 tablet by mouth every 12 hours. Give with food.</p> <p>Tex Anderssen, Eric And Nele</p> </div> </div>	

Tex

OWNER Anderssen PATIENT NAME Tex
 SPECIES K9 BREED Gld. Ret COLOR gold
 BIRTH DATE 1/16/2003 AGE SEX M NEUTERED Y

DATE	
10/23/12	<p>Phoned owner - he scratches at S & site occ. in all to prevent trauma. Sore bn 1st 2 days. - very happy now. more alert than before.</p> <p>discussed hist + incomplete excision unlikely unlikely to consider XRT due to age + process. consider metronomic or neoplasene.</p> <p>advise monitor local site regularly bn lumps in area - rechecks q 2 months.</p> <p>will discuss further at S/R. <i>EW</i></p>
OCT 24 2012 5:00	<p>bleeding from Sutures</p> <p>WT <u> </u></p> <p>gross sanguinous discharge from ventral aspect of incision suture and incision WNL advise monitor - OK no damage as doing so on own.</p> <p>Pr: cephalic in SDV # 28 sig! 2 B/D as no + restrict activity</p> <p>OK to let compress a Meantain Tex massage fluid out pm. <i>EW</i></p>

OWNER Anderssen PATIENT NAME Tex
 SPECIES kg BREED Golden Ret. COLOR gold
 BIRTH DATE 11/16/2003 AGE SEX m NEUTERED y

DATE		
OCT 20	2012	<u>Catheter removal</u> WT <u>81.7</u>
TE	removed orotracheal catheter, clients noticed clear/red discharge from	
10 ³⁰	incision site this am. otherwise pt is doing well ND V/D, eating-well	
10 ⁴⁵	drinking more than normal. cath site looks clean, once pulled	
	large amount of clear/red discharge, cleaned site w/ warm water. advised	
	clients to keep monitoring site + call if any questions	df
10/21/12	<p>o called-Tex is able to reach the last 2 sutures at the bottom of suture line & is making them bleed slightly. talked w/ BB & he recommended a t-shirt. o said that he has had the t-shirt on all along. She put a bootie on him recently but he is still scratching. BB recommends Ace trial until suture removal as well as keeping t-shirt & bootie on. o to come plu. o noted he was loopy w/ gabapentin. I mentioned to BB, we will try the Ace for a couple days & then see how he does. (14)</p>	
	<div> <div>KEEP AWAY FROM CHILDREN FOR VETERINARY USE ONLY</div> <div> Encina Veterinary Hospital 2803 Ygnacio Valley Rd Dr. GEN-Byron Bowers Expires: 01/30/2014 Acepromazine 25mg (per tab) Give 1/2 tablet orally once daily. If not sedate enough, can increase to 3/4 tablet daily. </div> <div> (925) 937-5000 Refill 937-1798 Date: 10/21/2012 Refills: 0 QTY: 6 </div> </div>	
	Tex Anderssen, Eric	1/8
10/22/12	<p>histo - canine STS w/ 1° low grade features of malign but areas of anaplastic features + mucinous matrix - incompletely excised.</p>	

"Tex" B

VETERINARY SPECIALISTS INCORPORATED

Carl Koehler, DVM

Diplomate, American College of Veterinary Surgeons

2222 Bryce Lane • Davis, CA 95616 • Telephone: (530) 383-7746

Operative Report

Hospital: East Bay Veterinary Specialists

Date: October 18, 2012

Patient: Tex Anderson

Diagnosis: Soft tissue sarcoma

Procedure: En Bloc mass excision

Report:

An approximately 5 x 7 cm SQ firm mass was located over the proximal aspect of the left scapular spine. The mass was excised En Bloc, taking a minimum of 3 cm lateral margins and deep to include the trapezius muscle. Grossly it appeared that the mass was invading the trapezius. A deeper margin could not be attained without removing the scapula as the excision extended down to the scapular spine. Hemoclips were placed to mark the extent of the surgical field. 0 PDS was used for trapezius apposition. 0 Monocryl plus was used for deep and SQ closure. 2-0 Nylon for skin. A diffusion catheter was placed for analgesia.

Postoperative:

Potential complications include: seroma, infection, dehiscence and persistence of disease. Two sutures were placed to mark the caudal border of the mass and 1 suture marked the dorsal aspect.



2803 Ygnacio Valley Road · Walnut Creek, CA 94598

Fax: (925) 937-8519

Open 24 hours, 7 days a week for emergency and urgent veterinary care

"Tex"

Eric Anderssen

Oct 18, 2012

Discharge Instructions

MEDICATIONS

1. Rimadyl 100 mg (anti-inflammatory): Give 1 tablet by mouth two times per day. The next dose is due tomorrow morning.
2. Gabapentin 300 mg (pain killer): Give 1 capsule by mouth two times per day. The next dose is due tonight. This medication may cause some sedation.

INSTRUCTIONS:

1. Tex had a mass removed from his left shoulder region. Please watch the incision daily for any signs of redness, discharge or sutures coming undone. Should you see any of these signs, Tex should be reevaluated immediately.
2. Tex must wear an E-collar at all times until his sutures have been removed. This will prevent him from getting to his sutures and potentially chewing on them or ripping them out.
3. Tex had a wound soaker catheter placed in the area where the mass was removed. This is used to control local pain. You have been supplied with syringes that have been preloaded with bupivacaine (a local anesthetic). Please follow these directions:
 1. Wipe the port with a swab soaked in alcohol.
 2. Take a syringe, remove the cap, and insert the needle directly and fully into the port.
 3. Push the plunger hard and quickly. This will insure that the anesthetic reaches the end of the catheter and properly instills into the wound.
 4. Remove the syringe and place the cap back on it. You may bring the empty syringes back to us for disposal.
 5. Please instill the anesthetic 4 times per day (every 6 hours)
4. Please schedule an appointment on Saturday (10/20) for the wound catheter to be removed.
5. Please schedule an appointment in 2 weeks to see Dr. Koehler and to have the skin sutures removed.
6. Tex may have access to water tonight. Please wait to feed him until tomorrow morning. He may still be drowsy from being under anesthesia, but should be back to normal tomorrow.

Encina Veterinary Hospital

Phone: (925) 937-5000

www.encinavet.com



East Bay Veterinary Specialists & Emergency

Phone: (925) 937-5001

www.ebvse.com

2803 Ygnacio Valley Road · Walnut Creek, CA 94598

Fax: (925) 937-8519

Open 24 hours, 7 days a week for emergency and urgent veterinary care

A Team Member of this veterinary hospital has explained to me the recommendations for continuing Tex's care at home.

Signature

Date

Should you have any questions or need further assistance, please give us a call: (925) 937-5001

We are open 24 hours, 7 days a week for your pet's emergency and urgent care needs

OWNER Anderson

PATIENT NAME Tex

SPECIES K9

BREED Gold. Ref.

COLOR gold

BIRTH DATE 2/16/03

AGE

SEX *M*

NEUTERED ☒

DATE	
10/18/12	8) Rx: Rimadyl 100mg = 1 tab BID x 10 days
cont.	9) Rx: Gabapentin 300mg = 1 cap. BID x 7 days
	10) Wound soaker removal in 2 days (10/20)
	11) Recheck w/ Dr. Koehler in 2 wks + suture removal
	12) E-collar PRN
	B) Mass sent out to VDX, results pending
	Tex will be discharged tonight to the O w/ medications and discharge instructions.
KEEP AWAY FROM CHILDREN FOR VETERINARY USE ONLY	Encina Veterinary Hospital (925) 937-5000 2803 Ygnacio Valley Rd Refill 937-1798 Dr. Carl Koehler Date: 10/18/2012 Expires: 03/31/2015 Refills: 0 Rimadyl 100mg - Chewable (per chew) QTY: 20 Give 1 chewable orally every 12 hours for 10 days. SW
	Tex Anderssen, Eric
KEEP AWAY FROM CHILDREN FOR VETERINARY USE ONLY	Encina Veterinary Hospital (925) 937-5000 2803 Ygnacio Valley Rd Refill 937-1798 Dr. Carl Koehler Date: 10/18/2012 Expires: 11/30/2013 Refills: 0 Gabapentin 300mg (per cap) QTY: 14 Give 1 capsule orally every 12 hours for 7 days. SW
	Tex Anderssen, Eric

OWNER	Anderson	PATIENT NAME	Tex
SPECIES	F9	BREED	gold. Ret.
		COLOR	gold
BIRTH DATE	1/16/03	AGE	
		SEX	M
		NEUTERED	Y

DATE	
OCT 18 2012	Mass removal w/ CK, no food or meds this am. WT 85 lbs
	PE: T10L1 P140 R pant
	BARTH, mm pink, CRT 2s
	CV: no murmur, pulses synch. + strong
	Resp: eupneic, lungs clear
	Abd: NSF
	Rectal: NSF
	Int: (L) shoulder: 5 cm SQ mass
	Small mass over (R) shoulder
	A: STS mass per prev. diagnostics
	Surgery: the STS mass on the (L) shoulder was removed. See attached surgery report.
	P: 1) IV catheter
	2) Plasmalyte IV @ 80 mL/hr
	3) Morphine 0.5 mg/kg IM q 4 hrs PRN
	4) Cefazolin 22 mg/kg IV TID
	5) Rimadyl 22 mg/kg SQ
	6) Wound soaker catheter - bupivacaine 0.5%, 8 mL
	7) Walk O/S QID
	cont.

Tex

OWNER ANDERSEN PATIENT NAME TEX
 SPECIES K-9 BREED Golden Ret COLOR Gold
 BIRTH DATE 1/16/03 AGE SEX M NEUTERED X

DATE		
OCT 16 2012	CONSULT for STS - Ref. Peter Nurre	WT 85#
SA		38.5kg
3pm.	Mass noted last 3 wks	101.3
3/7	Recent Tx on tick borne disease	
	PE: no abdominal mass.	
	A: discussed Sx +/- CT	
	+/- XRT	
	+/- neomycin - risk of duck	
	immune issues	
	+/- neoplasia	
	+/- mmt.	
	Plan: Sx w/ Dr. Nurre or Dr. CK	
	FNA + I/H cytology SA masses ⁽²⁾ on right left	
	thorax + right axillary region - Lipoma. (HS)	
	elect Sx w/ Dr. CK - est given.	
	10/18	

TEX-B

OWNER Anderssen PATIENT NAME Tex
 SPECIES Canine BREED Golden Ret COLOR Gold
 BIRTH DATE 1/16/03 AGE SEX M NEUTERED yes

DATE	
10/16/12	Physical Exam:
W	HR: 100; RR: 20; Temp: 101.6; BAR
	mm: pk/moist / CRT < 2 sec
	cardio: No murmurs or arrhythmias
	Resp: eupneic / clear
	Integument: 4-5 cm firm subQ mass over (L) shoulder, small firm subQ mass near (R) shoulder
	Abdomen: Not painful; no abnormalities
	Rectal: nsf; normal formed feces
	Diagnostics: FNA of shoulder mass; results pending - <u>Alcorn</u> ultrasound: No enlarged LN's Thoracic radiographs: 2 microchips; no other significant
	Assessment: subcutaneous mass (<u>Alcorn</u>) infectious vs neoplasia
	Plan: wait for cytology results. These results will dictate whether coccidiomycoses titers will be run
	Peter Nurre, DVM, DACVIM Jared Jaffey, DVM
10/12/12	(L) Scapular SC mass - <u>Alcorn</u> TCU - Referred to SA.

Tex

OWNER ANDERSSON PATIENT NAME TEX
 SPECIES kg BREED G. Rat. COLOR GOLD
 BIRTH DATE 1/16/03 AGE SEX M NEUTERED Y

DATE	Encina Veterinary Hospital (925) 937-5000 2803 Ygnacio Valley Rd Dr. GEN- Peter Nurre Expires: 10/19/2013 Refills: 0 Prednisone 10mg (per tab) QTY: 14 Give 1 tablet by mouth every 24 hours for 7 days, then give 1 tablet every other day for 7 doses.	KEEP AWAY FROM CHILDREN FOR VETERINARY USE ONLY	Encina Veterinary Hospital (925) 937-5000 2803 Ygnacio Valley Rd Dr. GEN- Peter Nurre Expires: 01/30/2014 Refills: 0 Doxycycline 100mg (per tab) QTY: 84 Give 2 tablets by mouth every 12 hours until gone. Give with food.
	Tex Anderssen, Eric		Tex Anderssen, Eric

OCT 10 2012 Recheck lymphs & check lump on shoulder WT 87.0 lbs
 300 Not doing so well after coming off Pred, 39.5 kg
 PN Neopoly dex- given + trouble breathing
 250 by eye doctor T 101.1

Pred stopped last month

2 wks ago see mass over (L) shoulder firm/not attached
 uveitis 1 month ago treated w/ Neopoly dex for eyes for 2 wks

Presenting complaint: recheck mesenteric lymph nodes + mass over (L) shoulder

Past pertinent history: presented 2 months ago for anorexia and lethargy

An ultrasound was performed and showed moderately enlarged lymph nodes. A FNA was sent and was hyperplastic. Bickettsial titers were run and were negative

Tex was started on Doxycycline and Prednisone. scheduled a re v for 1 month after ending Pred administration

Presenting History: Did well on Prednisone. After stopping Pred, Tex's eyes flared up w/ inflammation which was treated w/ Neopoly dex for 2 wks. 2 wks ago the o noticed a ~~small~~ firm subcutaneous mass over the (L) shoulder. Also, in that time frame the o noticed an ↑ in breathing acoustics from Tex.

Not currently on any meds Has no vld/cl's /pul/pr and a normal appetite. Tex visited Arizona about 1 yr ago

10X

OWNER Anderssen PATIENT NAME Tex
 SPECIES K9 BREED Golden Ret. COLOR Gold
 BIRTH DATE 1/16/03 AGE M SEX M NEUTERED yes

DATE	
7/24/12	no ft pain, over wh abd wh retard wh, T=101.2
	abd US - Splenic nodules + moderately enlarged LNS mesenteric LN cytology lymphoid hyperplasia w neutrophils inflammation + mononuclear inflammation CBC - mild platelet clumps present

KEEP AWAY FROM CHILDREN
FOR VETERINARY USE ONLY

Encina Veterinary Hospital (925) 937-5000
 2803 Ygnacio Valley Rd
 Dr. GEN- Peter Nurre
 Expires: 08/30/2015 Refills: 0
 Prednisone 10mg (per tab) QTY: 14
 Give 1 tablet by mouth every 12 hours for 7 days
 starting tonight.

Tex
Anderssen, Eric

KEEP AWAY FROM CHILDREN
FOR VETERINARY USE ONLY

Encina Veterinary Hospital (925) 937-5000
 2803 Ygnacio Valley Rd
 Dr. GEN- Peter Nurre
 Expires: 04/30/2014 Refills: 0
 Cerenia 160mg (Per tab) QTY: 1
 Give 1/2 tablet by mouth every 24 hours starting
 tomorrow morning (7-25-12)

Tex
Anderssen, Eric

KEEP AWAY FROM CHILDREN
FOR VETERINARY USE ONLY

Encina Veterinary Hospital (925) 937-5000
 2803 Ygnacio Valley Rd
 Dr. GEN- Peter Nurre
 Expires: 01/30/2014 Refills: 0
 Doxycycline 100mg (per tab) QTY: 28
 Give 2 tablets by mouth every 12 hours for
 7 days starting tonight. Give with food.

Tex
Anderssen, Eric

7/25/12

TTO - Nowing better

7/26/12

Nowing better today.
 cleaned ear of debris All
 Anaplasma + RMSF titers.

Tex

EAST BAY

**Veterinary Specialists
and Emergency**

2803 Ygnacio Valley Rd
Walnut Creek, CA
(925) 937-5001

CLIENT INFORMATION:

Name: Eric Anderssen
Address: 3109 Windmill Canyon Dr.
Clayton, CA 94517
Phone: H: (925) 889-9139 W: () - ext:

PATIENT INFORMATION:

Name:	Tex	Breed:	Golden Retriever
Sex:	MN	Age:	9 years and 6 months old
Birthday:	01/16/2003	Weight:	79 lbs.
ID	33046-B		
Color	Gold		

Primary Vet: Dr. NO RDVM

HISTORY:

Date: Jul 22, 2012, 10:45AM

Presenting Complaint: Inappetence and lethargy x 1 day

Pertinent Past History: Normally eats very well, on Hill's z/d for food allergies. Has a hx of pancreatitis as a puppy and a partial obstruction from a rock foreign body in 2006. No C/S/V/D, urination/defecation normal, unsure of drinking habits. Had eye surgery 6-7 months ago (owner unsure why), now on Neo/poly/dex OU TID. On flea/tick/heartworm preventative.

Presenting History: This morning, did not eat breakfast and seemed lethargic. Ate a treat and had possible difficulty chewing/swallowing. No exposure to toxins or foreign material.

PHYSICAL EXAM FINDINGS:

T: 101.2F, **HR:** 90bpm, **RR:** 28brpm, **Body Weight:** 36kg

General Appearance/ Hydration/ BCS/ Pain Level: QAR, hydrated, BCS 6/9, non-painful

Oral Exam/ Teeth: mm pink and moist, CRT <2s. No pain on opening mouth, no foreign material/draining tracts/tooth issues/masses

Eyes: Cornea clear and conjunctiva normal OU

Ears: mild brown d/c AU

Skin: Small pink dermal mass on top of head, several soft fluctuant subcutaneous masses near ventrum

Lymph Nodes: None enlarged

Cardiovascular: No murmurs ausculted, pulses synchronous and palpate within normal limits

EAST BAY

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Respiratory: Eupneic, no crackles or wheezes ausculted

Abdominal/ Rectal: Non-painful on palpation, normal formed stool on rectal, thick and firm but empty anal glands.

Urogenital: No abnormal findings

Musculoskeletal: Non-painful, no abnormal findings, ambulating normally

Neurological/ Mentation: No neurological abnormalities, normal mentation

Diagnostics:

1) Flash AUS: no free fluid visualized, saw abnormal looking spleen

2) Bloodwork:

CBC: thrombocytopenia 168,000/ul (ref: 200-500), otherwise wnl

Chem: low BUN 7.3mg/dL (ref: 9-29), otherwise wnl

CCP: mild hyperchloremia 118.6mmol/L (ref: 105-115), mild hyperlactatemia 1.9mmol/L (ref: 0.3-1), low BUN, otherwise wnl

PCV: 46%, TS 7.2g/dL

3) AUS: enlarged spleen with hypoechoic nodules of various sizes throughout the parenchyma, no other abnormalities visualized though a thorough assessment of all abdominal organs was not performed.

4) Ultrasound-guided FNA of spleen: sample revealed a number of small, abnormal cells with basophilic staining. Submitted sample to VDX for further evaluation.

5) Re-check flash AUS post-FNA: no free fluid

ASSESSMENT:

Problem List

1. Inappetence
2. Lethargy
3. Enlarged spleen with hypoechoic nodules throughout parenchyma

Differential Diagnoses: Neoplasia (lymphoma, hemangiosarcoma) vs. benign process

PLAN:

Treatment Plan:

- 1) Cerenia 1mg/kg (36mg) SQ once

Client Communication:

- 1) Ensure Tex has water available at all times, coax to eat.
- 2) Monitor for lethargy, inappetence, vomiting, diarrhea. If any of these are noted, contact us or bring Tex back in for evaluation. If he is not eating in the next day or so, bring him back in as we don't want him to become dehydrated.
- 3) Monitor for collapse, pale mm, panting, abdominal discomfort as these can be signs of bleeding into the abdomen. Explained this is not too likely with the way Tex's spleen looks, but just wanted to warn owner of possibility.
- 4) Discussed possible causes of the splenic changes we are seeing - lymphoma most likely differential, but could be another type of cancer or could be a benign process. Explained that this could be the cause of Tex's inappetence/lethargy if the disease process is catching up to him. Could also be an incidental finding at this visit and there

EAST BAY

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is a different cause for his clinical signs. Explained sending out the FNA, that we may not get a definitive dx because such a small sample compared to size of organ. If not definitive, may need to get a bigger sample. Results should be in Tuesday, we will call. Owner wanted to know where to go from here, I explained that we need to know what is going on before we know what treatment options we have.

5) Discussed bloodwork findings and that we see no evidence of other systemic diseases or infections at this time.

Kerry Thode, DVM
Molly Priest, DVM

OWNER Anderssen PATIENT NAME Tex
 SPECIES K9 BREED Golden Ret. COLOR Gold
 BIRTH DATE 1/16/03 AGE 9.5yo SEX M NEUTERED yes

DATE	(New pet to us)	
11/22/2012	Not eating Not eating	WT 79. #
10 ⁴⁵	not eating this AM.	HR 90, RR 28, 36 kg F
		101.2
	n eats very well this AM NI, did eat cookie but	
	+/- difficulty swallowing	
	prior - good eater	Food Z/D ultra allergy free
	o for 9 yrs	
	prior hx - eye sx 6-7 mos ago, on eye drops	neol/poly/dex
	pancreatitis when puppy	1 drop TID OU
	No C/S/V/D, ur + def n, not sure about drinking	
	no FB, no toxins, did have garden sprayed (pet safe)	
	+/- pain chewing/swallowing	
	less energy this AM	HW + flea/tick
	PE - pk most = 2s	
	abn: dermal mass head, mild d/c AV, BCS 6/9	
	oral exam - no FB, draining tract, tooth issues, etc.	
	Flash AUS - no free fluid, abn spleen w/ mixed echogenicity	
	+ nodules	
KMT	See computer for full record	
7/24/12	appetite still decreased, + anorexia anorexia	80 #
	Still drinking water	36.3 kg
	Owner found tick engorged ~	100.6 F
	1 month ago	
	PE: BATH, BCS = 5/9, mild y/y, CRT < 1s	
	LNs w/ly, NO neck or back pain	
	Tex	