

 CHARLIE NORWOOD

PET OWNER: **JACOB NORWOOD**
SPECIES: Canine
BREED: Golden Retriever
GENDER: Male Neutered
AGE: 2 Years
PATIENT ID: 5885

Pleasant Prairie Animal Hospital
8989 74TH STREET
Pleasant Prairie, Wisconsin 53142

ACCOUNT #: 28890
ATTENDING VET: Terry Pettey, DVM

LAB ID: 1920260751
ORDER ID: 304987157
COLLECTION DATE: **1/8/26**
DATE OF RECEIPT: **1/9/26**
DATE OF RESULT: **1/14/26**

IDEXX Services: **Body Cavity Fluid Cytology (Peritoneal/Pericardial/Pleural)—1 Fluid/Site, Aerobic Culture*, Cytology with Microscopic Description (1 Site) - Priority**

Microbiology



1/9/26 (Order Received)
1/14/26 6:10 PM (Last Updated)

Clinical History: Fluid obtained from center abdominal mass in area of right lobe of Pancreas/right adrenal gland

Source: MASS

Site: Fluid

Culture Results: Status: FINAL

No Growth

****INTERPRETATION KEY for Antibiotic Susceptibility Results (when performed) ****

For all sources and sites, susceptibilities are reported based on MIC breakpoints where available. These standards have been established by the Clinical and Laboratory Standards Institute (CLSI). It is important to check local regulations prior to selecting an antibiotic.

S, S* = Susceptible. Organism is inhibited by the usual recommended dose.

I = Intermediate. Organism is inhibited only by the maximum recommended dose.

R, R* = Resistant. Organism is resistant to the maximum recommended dose.

SDD = Susceptible, Dose Dependent. Organism is inhibited by a specific dose. Only applies to canines.

Identify the MIC value listed in the lab report and refer to the corresponding row in the table below to identify the antimicrobial dose expected to inhibit the organism

TF = To Follow. Susceptibility testing for this antibiotic is performed by Kirby-Bauer and results will follow shortly.

N/R (not reported) will appear and/or MIC data may be left blank if susceptibility testing is not feasible or clinically appropriate.

Enrofloxacin Dosing Guidelines:

*If the MIC is ≤ 0.06 $\mu\text{g/mL}$, the interpretation is Susceptible (S) and the recommended dose is 5 mg/kg orally every 24 hours, or 2.5 mg/kg orally every 12 hours.

*If the MIC is 0.12 $\mu\text{g/mL}$, the interpretation is Susceptible Dose-Dependent (SDD) and the recommended dose is 10 mg/kg orally every 24 hours.

*If the MIC is 0.25 $\mu\text{g/mL}$, the interpretation is Susceptible Dose-Dependent (SDD) and the recommended dose is 20 mg/kg orally every 24 hours.

Marbofloxacin Dosing Guidelines:

*If the MIC is ≤ 0.12 $\mu\text{g/mL}$, the interpretation is Susceptible (S) and the Recommended dose is 2.75 mg/kg orally every 24 hours.

*If the MIC is 0.25 $\mu\text{g/mL}$, the interpretation is Susceptible Dose-Dependent (SDD) and the recommended dose is 5.5 mg/kg orally every 24 hours.

*The SDD category only appears for canine results with growth of Enterobacterales, Pseudomonas aeruginosa, and Staphylococcus spp.

For more information, please see the "Microbiology Guide to Interpreting Antimicrobial Susceptibility Testing (AST)" at www.idexx.com/MIC.



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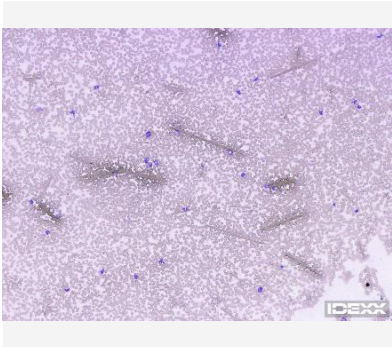
LAB ID: 1920260751

Pathology

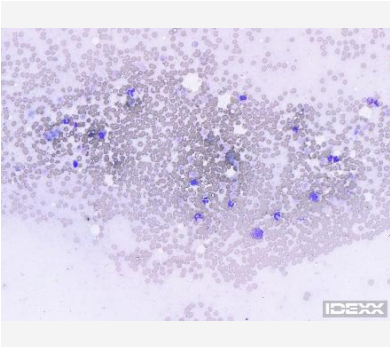


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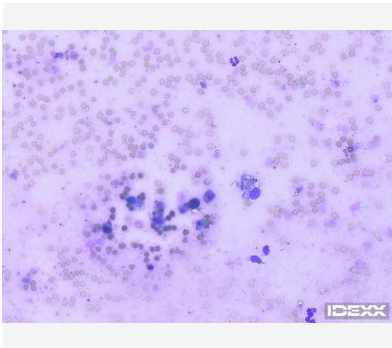
Images



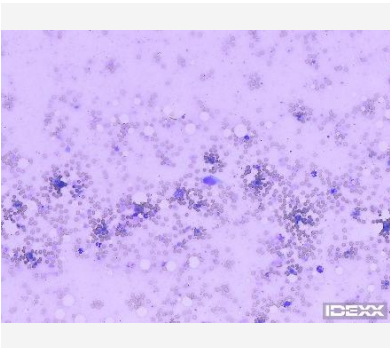
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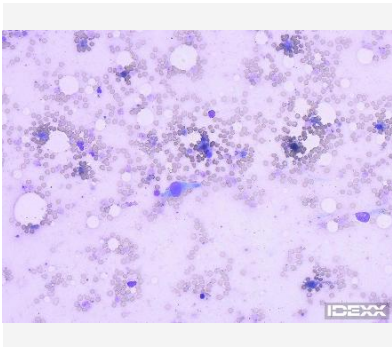
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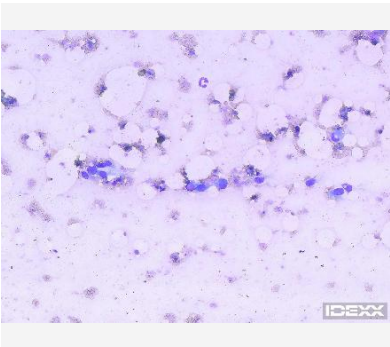
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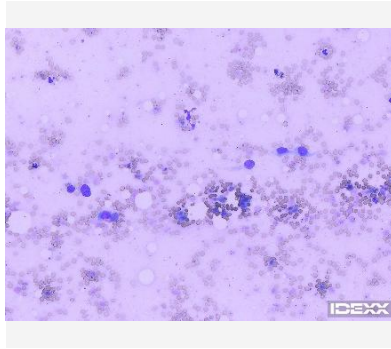


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Clinical History:	Fluid obtained from center of abdominal mass in area right lobe of pancreas/right adrenal gland.
Cytology Source:	OTHER
Source / History:	ABDOMINAL MASS
Volume	2.2 mL
Appearance	DARK RED/VERY CLOUDY
Pathologist's Report	INTERPRETATION: Fluid from abdominal mass: Hemorrhagic effusion; acute hemorrhage or peripheral blood contamination; please see comments COMMENTS: The presence of marked amounts of peripheral blood with no obvious erythrophagocytosis or hemosiderphages is most consistent with peripheral blood contamination. However, acute hemorrhage could present in a similar fashion. Hemorrhagic processes may be associated with trauma, coagulopathy, ruptured or bleeding neoplastic processes, etc. Correlation of this report with the physical exam findings, the clinical impression, and diagnostic imaging is suggested. Given the clinical history, evaluation of a coagulation panel may be of benefit (particularly if other evidence of coagulopathy is present). Reaspiration and resubmission may be attempted for further characterization. Surgical biopsy with histopathologic evaluation may be necessary for definitive characterization of this lesion. Additional diagnostic should be based on the clinical impression. If you would like to resubmit aspirates from this site, you may submit additional slides from the same site within the next 4 weeks. Resubmission options include US test codes 6500 (no description included) and 6507 (description included), and Canada test code CRESUB; any test code suitable for the sample can also be used. Consult the IDEXX Directory of Service for test information. Unless a specific pathologist is requested on the new requisition, the resubmitted sample will be assigned to the first available pathologist. If resubmission is elected, please reference this accession number and include the original report. CYTOPATHOLOGIC DESCRIPTION: Numerous direct smears and concentrated preparations are evaluated which are of low nucleated cellularity. The sample contains predominantly marked amounts of peripheral blood. Inflammatory cells appear within normal limits and normal differential for that expected of peripheral blood. The leukocytes are comprised of mature nondegenerate partially pyknotic neutrophils (77%), small to intermediate sized lymphocytes (15%), monocytes (5%), and eosinophils (3%). No obvious erythrophagocytosis or hemosiderphages are identified. No obvious infectious etiologic agents or overtly malignant neoplastic cell populations are seen. Occasional platelet clumps are identified throughout the background. PATHOLOGIST: Elizabeth E Jay, DVM MS Diplomate, American College of Veterinary Pathologists HOW TO CONTACT ME: Email (preferred): elizabeth-jay@idexx.com Phone (direct): +1 207-556-0835



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Pathology (continued)

Veterinarians: To contact the pathologist regarding this report, please either use email or call the phone number shown above. If the pathologist is unavailable, call Customer Support and request to speak to the Pathologist on Duty. Please reference patient accession number 1920260751.

Pet owners: Please contact your veterinarian for advice to adhere to the legal veterinary-client-patient relationship.

This pathology report may not be published via any distribution channel (including social media) without the pathologist's express permission.

Addendum

****ADDENDUM, January 14, 2026****

2 additional client slides are evaluated (1 labeled center mass and 1 labeled mass wall). Overall, these slides are similar in appearance to the fluid material received. The slides contain predominantly marked amounts of serosanguineous fluid with slightly increased numbers of inflammatory cells. Occasionally, activated macrophages are seen containing phagocytized erythrocytes or hemosiderin pigment. Rarely, there are moderately pleomorphic mesenchymal cells. These cells are spindle to stellate with moderate nuclear to cytoplasmic ratios. Nuclei are oval with granular chromatin patterns and occasionally one to 2 small nucleoli. Cytoplasm is moderate in amount, moderately basophilic in appearance, and typically has two angular sharp cytoplasmic projections opposite sides of the cell. These cells show moderate anisocytosis, anisokaryosis, and variation in nuclear to cytoplasmic ratios. Low numbers of binucleate cells are identified.

INTERPRETATION:

Mass aspirate: Mild macrophagic inflammation and mesenchymal proliferation; please see comments

COMMENT:

No obvious cell populations are present to definitively characterize the tissue origin of this mass. The presence of low numbers of activated macrophages and cellular debris could be consistent with the aspiration of a necrotizing lesion (pancreatic or hepatic cyst, pancreatic or hepatic abscess, tissue infarction, neoplasia, foreign body reaction, etc). The mesenchymal cells are moderately pleomorphic. Given the inflammatory process and low numbers of these cells, a reactive fibrosis secondary to necrosis or other pathologic process must be a differential consideration. A necrotizing sarcoma (e.g. hemangiosarcoma, fibrosarcoma, or other soft tissue sarcoma) cannot fully be ruled out.

Correlation of this report with the physical exam findings and other diagnostic testing is suggested. Surgical biopsy and histopathologic evaluation of this lesion is suggested for further characterization of the mesenchymal cells present. If there is any additional historical information available on this case or if there are any questions regarding this report please do not hesitate to call.

PATHOLOGIST:

Elizabeth E Jay, DVM MS

Diplomate, American College of Veterinary Pathologists

HOW TO CONTACT ME:

Email (preferred): elizabeth-jay@idexx.com

Phone (direct): +1 207-556-0835

IDEXX has been at the forefront of digital cytology scanning in our reference labs since 2019. To learn more, visit idexx.com/cytologyscanning. To learn more about in-clinic, whole-slide digital cytology interpretation by IDEXX pathologists in 2 hours or less, 24/7/365, go to idexx.com/digitalcyto.