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UPSTATE VETERINARY SPECIALISTS ONCOLOGY SERVICE

Discharge Instructions for "Mac N Cheese"

Family Veterinarian: Harry Cunningham , Frazier Animal Hospital

Fax number:

Patient's name: Mac N Cheese Brown

Discharge Date: Thursday, May 29, 2014

Dear Micki Brown,

It was very nice to meet you and Mac N Cheese today. He was an excellent patient. Mac N Cheese presented to UVS for evaluation of a large swelling on the right neck and refusal to eat. Mac was rescued in 2011 and has a history of severe dental disease. He had a procedure at the end of March and at that time, a large right tonsillar mass was reportedly found. He was placed on Clindamycin and seemed to do fine afterwards for a short time. However, his appetite has been declining, he is drooling constantly, and he is very lethargic. He has also developed a large swelling on the right lateral/ventral neck area. Mac was referred to the Oncology service for further evaluation.

PHYSICAL EXAM:

Mac N Cheese was quiet, alert and responsive. He weighed 2.7 Kg. He has a 3x2.8 cm swelling on the right lateral neck area. This could involve lymph node, salivary gland, or other structure, it just can't be differentiated on exam. He has many missing teeth. I could not visualize the tonsil on awake exam. His exam is otherwise unremarkable besides the orthopedic issues in his rear legs (previously noted).

DIAGNOSTICS:

An aspirate of the lateral neck swelling was performed today and submitted to the pathologist for review. I will call with results when they are available.

DIAGNOSIS:

Open at this time.

RECOMMENDATIONS:

We discussed that I cannot see the tonsillar mass without a sedated examination. However, with the way Dr. Cunningham described it, I am concerned that it is a primary tonsil tumor (most likely a tonsillar squamous cell carcinoma) that has now metastasized (spread) to the right submandibular lymph node or salivary gland area. We discussed that we could sedate him in order for me to evaluate the tonsil and to obtain a biopsy of the area, or we could try to obtain our diagnosis from the swelling without sedation, which is what you opted for today. We have collected those samples and I will call as soon as results are available.

We discussed that if this is in fact tonsillar squamous cell carcinoma that this is an aggressive tumor that not only grows in the tonsil and causes pain and inability to eat, but also spreads to other locations such as lymph nodes and the lungs. Treatment has to be aggressive and involve several different therapies for the best effect. However, even with the most aggressive treatments, the prognosis is very guarded. We discussed the following options from most to least aggressive:

a) surgery to remove the tonsil followed by radiation therapy and chemotherapy. This approach removes as much of the tumor as possible from the mouth and uses radiation therapy to "clean up" any disease that remains in the mouth and chemotherapy to fight cells that are trying to spread throughout the body. Radiation therapy would be administered daily