



DATE PRESENTING CLINICAL SIGNS

1/13/23

Newly diagnosed diabetic. Patient evaluated at emergency clinic and rads concerning for possible mid-abdominal mass/s.

AUS: large cystic, walled off area apx 4 cm x 3 cm just caudal to stomach. Smaller cystic area by R pancreatic limb.

INTERPRETED BY

Drained apx. 40 mL reddish fluid from L cyst.

Drained apx. 5 mL thick yellow-brown purulent fluid from R cystic area.

L.D. McGill, DVM,
Ph.D, DACVP

CYTOLOGY SUBMISSION

Pancreatic cyst

PATIENT OBSERVATIONS

Edwin Laube

Pancreatic cyst: Submitted are 11 excellent videos of cells collected from the pancreatic cyst in Edwin. The cellularity consists of a uniform collection of neutrophils with scattered macrophages and lymphocytes. Atypical lymphoid cells or atypical neoplastic cells are not identified. The cellularity is most characteristic of a chronic inflammatory process. Occasional structures suggested bacteria but were not diagnosed. Bacterial infection is likely involved in this process.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic cyst - Consistent with pancreatic abscess and probable bacterial infection.

BREED COMMENTS

DSH

The cellularity is characteristic of a suppurative inflammatory process. Most likely this reaction is due to bacterial infection within the pancreas. It could be the result of ascending inflammation up the pancreatic or biliary ducts. There is no suggestion of malignancy in this collection. I was unable to identify specific bacteria but culture may have been beneficial. Antibiotic therapy and treatment for chronic inflammation is encouraged.

SEX

Male Neutered

AGE

10y

WEIGHT

11.9 lbs

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Leven

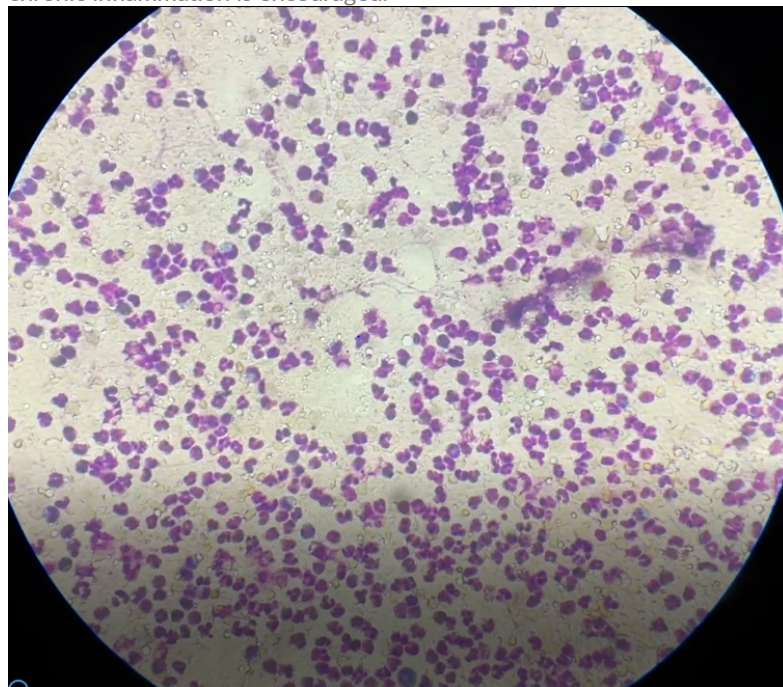


Image shows a massive number of neutrophils with degenerate debris collected from Edwin. There is no suggestion of malignancy.

INVOICE NUMBER

877



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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.

INTERPRETED BY

L.D. McGill, DVM,
Ph.D, DACVP

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.

PATIENT

Edwin Laube

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