



DATE PRESENTING CLINICAL SIGNS

1/19/22

Progressive dyspnea over past couple weeks
Pleural effusion on U/S, Suspicion (cranial mass???? or consolidated lung). Also small amount of pericardial effusion. Fluid is presumed to be pleural. (U/S Guided and didn't seem deep enough to be pericardial)

INTERPRETED BY

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

CYTOLOGY SUBMISSION

FNA of Pleural fluid

PATIENT OBSERVATIONS

Zion Diehl

Pleural fluid: Submitted are 11 excellent videos of very good collections of cells from the pleural fluid in Zion. Almost all of the videos have excellent collections of rounded, pleomorphic cells which are phagocytic with fluid and other leukocytes. Scattered around these aggregates of cells are scattered neutrophils and lymphocytes. Some of the lymphocytes are reactive. The rounded cells demonstrate moderate to marked anisokaryosis and anisocytosis. Many of these cells demonstrate small pseudopodia around the cytoplasm. There are some aggregates where the pseudopodia are more difficult to identify.

SPECIES

Canine

BREED INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Basset Hound

Pleural fluid - Marked mesothelial cell proliferation with chronic suppurative pleuritis and fluid buildup.

SEX COMMENTS

Female Spayed

The large aggregates of cells demonstrate marked pleomorphism which can be a concern. The problem is that mesothelial cells do this routinely. It appears that the majority of these collections are mesothelial cells. There are cases where carcinoma cells cannot be differentiated from markedly reactive mesothelial cells. This is a possibility in Zion. The majority of the reaction however appears to be due to fluid buildup and mild inflammation with marked mesothelial cell proliferation. The clumps that you concentrated on are certainly the type of cellular collections that benefit a good cytologic evaluation. I am unable to confirm carcinoma but that is still a possibility. At this time, I am more suspicious of chronic pleuritis with markedly reactive mesothelial cells. This reaction could be secondary to many different conditions including a localized neoplastic or inflammatory process in the anterior mediastinum. Lymphoma is very unlikely with this excellent collection.

AGE

12Years

WEIGHT

59 lbs

HOSPITAL NAME

Franklin Animal Clinic
Inc.

REFERRING VET

Dr. Sam Doverspike

INVOICE NUMBER

70450



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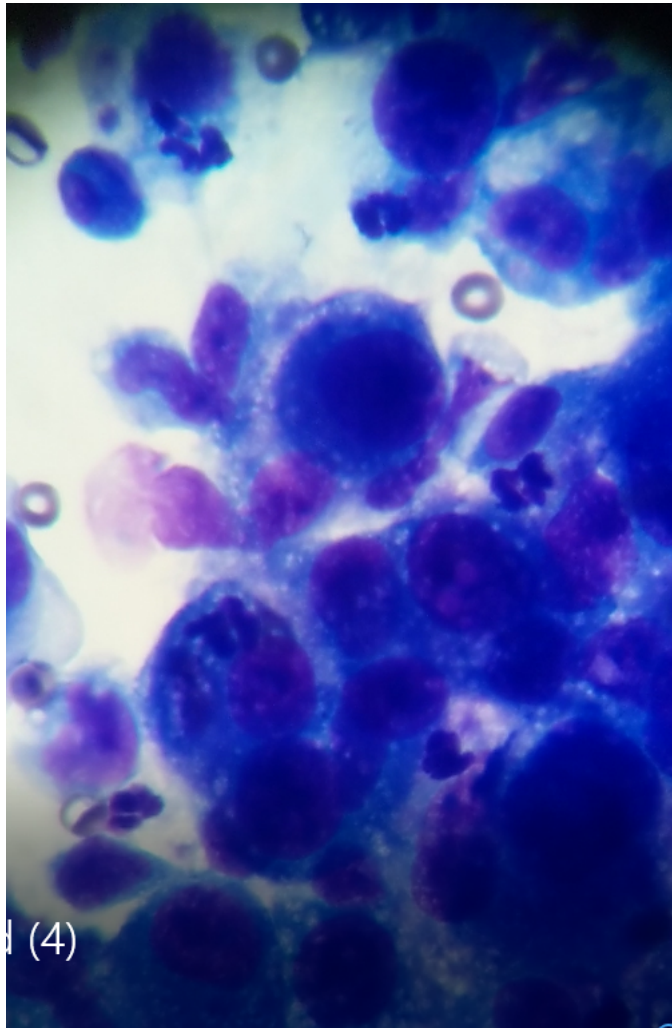


Image shows a group of irregular cells with phagocytosis and possible pseudopodia extending out of the cytoplasm. I interpret these to be extremely reactive mesothelial cells.

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.

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.

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