



**DATE PRESENTING CLINICAL SIGNS**

1/25/23

Elevated LE, decreased appetite and discomfort on palpation of cranial abdomen. FNA of L liver parenchyma and R caudal liver mass.

AUS: generalized heterogenous nodular changes with apx. 6 cm diameter mass in caudal R liver lobe. BW (1/19/2023): ALP 2,607, ALT 153, GGT 13.

BW (7/2022): ALP 750, ALT 148, GGT, 28.

**INTERPRETED BY**

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

**CYTOLOGY SUBMISSION**

Liver

**OBSERVATIONS**

**PATIENT**

Hildie Lowe

Liver: Submitted are 12 excellent videos of cells collected from the liver in Hildie. The cellularity in all of the videos consists of good collections of hepatocytes. This was identified in the aspirate of the liver itself and the mass. The hepatocytes in the liver demonstrate vacuolization. There was not any other cellular change. Cells in the surrounding red blood cells were mixed with lymphocytes and neutrophils but they were very few in numbers. In the mass there are vacuolated cells similar to those in the more normal liver. The cells appeared to be piled upon each other to a higher degree than the liver itself. There is minimal anisokaryosis.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Liver - Hepatocellular vacuolization consistent with vascular hepatopathy and probable nodular hyperplasia.

**BREED**

Husky Mix

**COMMENTS**

The vacuolar changes in the hepatocytes were present in all of the videos. They are particularly prominent in the regular hepatic tissue. The mass demonstrates evidence of piling up of cells and thus nodular hyperplasia appears to be the most likely source for that nodule. A hepatocellular adenoma cannot be completely ruled out. This will require a follow-up biopsy. There is no suggestion of any other cellular infiltration. The vacuolar change in the hepatocytes suggests metabolic liver disease which could be secondary to many different conditions including the possibility of hepatocellular membrane leakage. I cannot confirm whether there was copper in the hepatocytes or not. My suspicion is that there is another disease process in the abdominal cavity which may include pancreatitis, enteritis or potential other changes including Cushing's disease although the clinical history does not support that strongly. A guarded prognosis is warranted since there are likely other changes occurring in Hildie that need to be evaluated. Again I am suspicious that the changes in the hepatocytes are secondary and not primary.

**SEX**

Female Spayed

**AGE**

10y

**WEIGHT**

77 lbs

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Chadbourne

**INVOICE NUMBER**

883



**DATE**

1/25/23

**INTERPRETED BY**

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

**PATIENT**

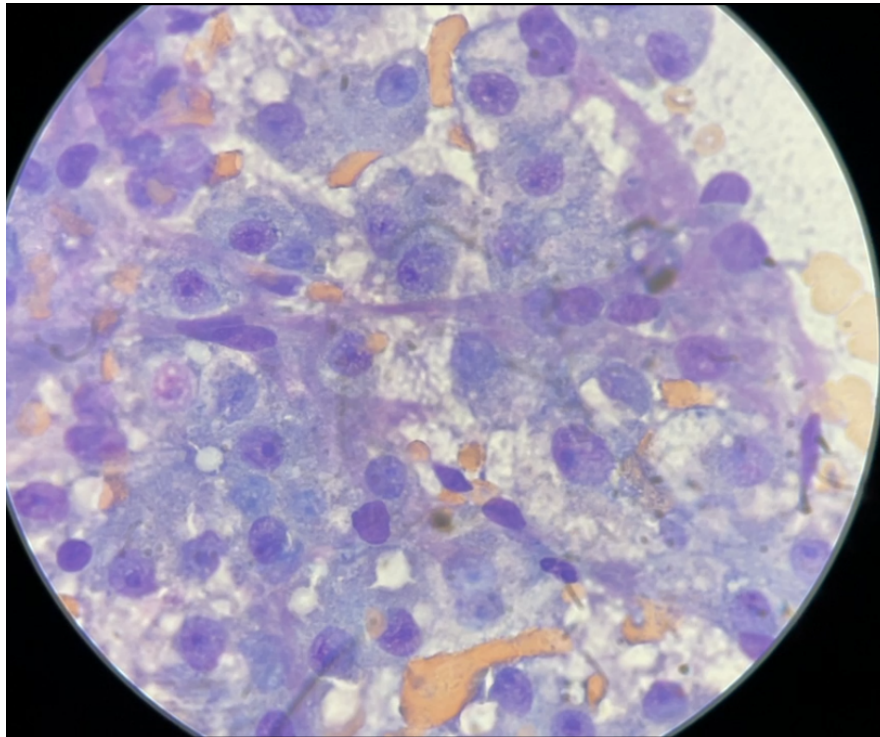
Hildie Lowe

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Image shows hepatocytes collected from the liver nodule in Hildie. There is prominent vacuolization with slight anisokaryosis.

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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