



DATE	PRESENTING CLINICAL SIGNS
1/9/23	- P presented for not eating and progressive weight loss. Last week P began to be selective about eating. P has gradually stopped eating but did eat a small amount of chicken this morning. O notes that P has also been progressively lethargic. No blood in the urine and O has not witnessed P's recent defecations.
INTERPRETED BY	- O notes that when P was treated for suspect stomach ulcer at the end of November, he improved with medications. Black, formed stool noted on exam in November.
L.D. McGill, DVM, Ph.D, DACVP	- P vomited undigested chicken in the room during exam. - No D/S/C - P has lost 3.5 pounds in 1.5 months (8 pounds weight loss in 5 months) and has been hyporexic x 3-5 months. PPH:
PATIENT	- P was evaluated in November for acute onset anorexia and melena. He was treated with Sucralfate, Famotidine, Amoxi/Clav, Metronidazole, Cerenia, and bland diet.
Barley May	- Patient previously lived in New Mexico. Following AUS-- performed on 1/5/2023, patient was started on Doxycycline. PE: - Possible lymphadenomegaly (submandibular), Grade III/VI holosystolic L parasternal murmur, moderate dental disease, lipomatous mass on ventral thoracic/sternal wall. Pale pink mucous membranes. No petechiation detected.
SPECIES	
Canine	11/21/2022 CBC: -- Microcytic, hypochromic, regenerative anemia
BREED	-- HCT: 32% (38-56)
Corgi Mix	-- RBC: 5.89 M/uL (5.39-8.7) -- HGB: 9.5 g/dL (13-20) -- MCV: 54 fL (59-76) -- MCHC: 29.7 g/dL (32-39) -- RETIC: 265 K/uL (10-110)
SEX	-- Leukocytosis, WBC: 24,100/uL (4900-17,600) -- PMN: 19,955/uL (2940-12,670) -- PLT: 613,000/uL (wnl)
Male Neutered	
AGE	CHEM: -- Ca: 8 mg/dL (8.4-11.8 g/dL) -- TP: 4.6 g/dL (5.5-7.5)
9y 4m	-- ALB: 2.2 g/dL (2.7- 3.9) -- GLOB: 2.4 g/dL (2.4-4.0) -- CHOL: 92 mg/dL (131-345)
WEIGHT	--ALT: 10 U/L (18-121) -- AMYL: 1858 U/L (337-1469) -- CK: 396 U/L (10-200)
11.9kg	T4: wnl at 1.9 ug/dL
HOSPITAL NAME	UA (free catch): - dark yellow, USG: 1.062, pH: 6.5 - inactive sediment
Sunriver Veterinary Clinic	UPC ratio: - 0.1 (non-proteinuric)
REFERRING VET	HWT: NEG Fecal & Giardia: NEG
Dr. Kent	Cortisol: - 4.2 ug/dL (2-6) wnl
INVOICE NUMBER	Thoracic and abdominal radiographs: - NSF
874	



DATE	1/4/2023:
1/9/23	
INTERPRETED BY	CBC: --Microcytic, hypochromic, regenerative anemia -- RBC: 4.88 M/uL (5.39-8.7) -- HCT: 26% (38-56) -- HGB: 6.8 g/dL (13-20) -- MCV: 53 fL (56-76) -- MCHC: 26.2 g/dL (32-39) -- RETIC: 151K/uL (10-110)
L.D. McGill, DVM, Ph.D, DACVP	
PATIENT	--Leukocytosis, WBC: 19,700/uL (4900-17,600) -- PMN: 15,366/uL (2940-12,670) -- Bands: 197/uL (0-170) -- PLT: 141,000/uL (143-448), however large platelet clumps noted on slide. -- Pathologist review: No significant findings
Barley May	
SPECIES	4DX snap: NEG x 4
Canine	AUS report by SonoPath findings:
BREED	1.) Generalized gastroenteropathy, exhibiting gastric and segmental small intestinal hypomotility-generalized potentially chronic inflammatory gastroenteropathy/IBD, infectious gastroenteritis, infiltrative neoplasia, dietary intolerance/food hypersensitivity/dysbiosis are all potentials
Corgi Mix	2.) Associated mesenteric lymphadenopathy- hyperplasia, reactive lymphadenitis secondary to inflammatory bowel, possible early neoplastic lymphadenopathy are all potentials
SEX	3.) Micronodular spleen- nonspecific, benign nodular or lymphoid hyperplasia, hematopoiesis, possible early round cell neoplasia, i.e., lymphoma are all potentials
Male Neutered	
AGE	4.) Peri-lymphatic/peri-intestinal mild hyperechoic mesentery and intermittent scant peritoneal free fluid
9y 4m	
WEIGHT	CYTOLOGY SUBMISSION
11.9kg	Spleen
HOSPITAL NAME	OBSERVATIONS
Sunriver Veterinary Clinic	Spleen: Submitted are 3 excellent videos of cells collected from the spleen in Barley. There was one video that did not have any material with which I could open. The other three had large numbers of cells, the majority of which are neutrophils, smudged nuclear debris and lymphocytes. There were scattered red blood cells that suggest spherocytes but they were few. The cellularity was mixed with prominent inflammation. Macrophages, lymphocytes and rare nucleated red blood cells were identified.
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Kent	Spleen - Chronic splenitis with no cellularity characteristic of neoplasia.
INVOICE NUMBER	COMMENTS
874	The cellularity in this splenic collection is most consistent with that of splenitis. This can be secondary to inflammation in the intestine, pancreas or other locations. The low MCV suggests the likelihood of chronic blood loss into the intestine. This could be confirmed with an occult blood evaluation in the feces. The first low image of cells suggested the possibility of some type of round cell proliferation but this did not carry over to the other videos. For some reason the one video is not able to be opened. At this time I am concerned about intestinal bleeding which could again be due to a lymphoma and not



DATE involve the spleen. Further evaluation of the intestine or other organs in the abdominal cavity is encouraged. Malignancy cannot be ruled out at this time.

1/9/23

INTERPRETED BY

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

PATIENT

Barley May

SPECIES

Canine

BREED

Corgi Mix

SEX

Male Neutered

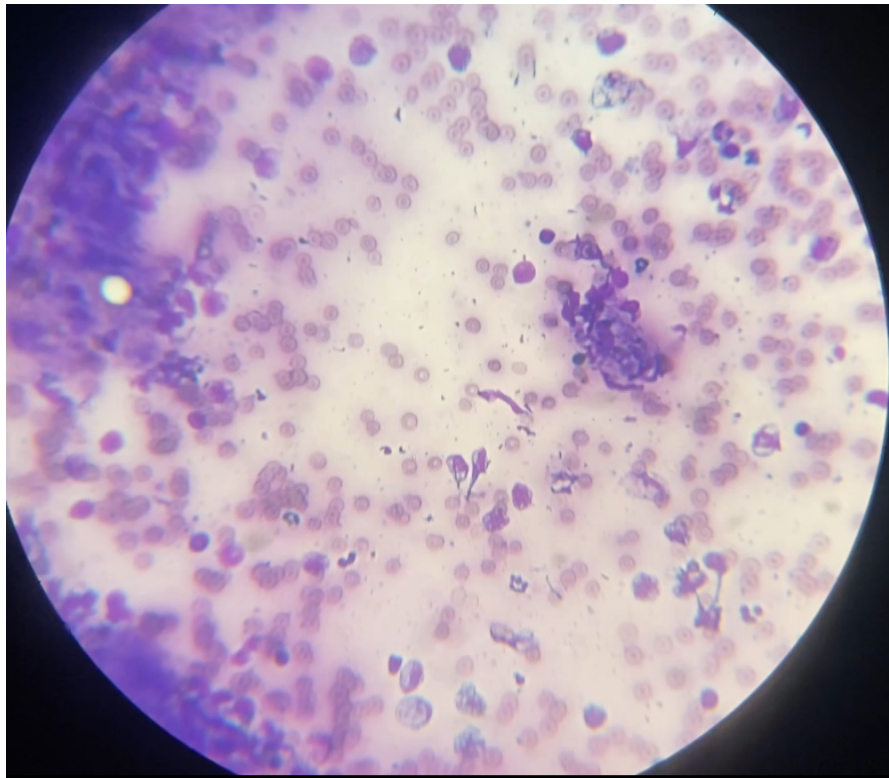


Image shows a representative group of cells from the spleen in Barley. Note the prominent neutrophils. Malignant characteristics are not identified.

AGE

9y 4m

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.

WEIGHT

11.9kg

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.

HOSPITAL NAME

Sunriver Veterinary
Clinic

L.D. McGill, DVM, Ph.D., DACVP
8288 Top of the World Drive
Cottonwood Heights, UT 84121
ldmcgill.vetpath@gmail.com
cell: 801-865-1220

REFERRING VET

Dr. Kent

INVOICE NUMBER

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