



DATE PRESENTING CLINICAL SIGNS

10/12/21

Elevated LE found on senior BW. AUS done while under anesthesia for cutaneous mass removal. AUS: Apx 4cm diameter hypoechoic mass/nodule in L liver. Mildly vascular on Doppler. Prominent portal markings and possible fibrotic appearance to overall liver parenchyma. PE: BCS 4/9, multiple SQ masses (likely lipomas)

INTERPRETED BY

ALP 236, ALT 134, GGT 10.

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

CYTOLOGY SUBMISSION

Liver

PATIENT OBSERVATIONS

Chloe Mullen

Liver: Submitted are several videos and several images of cells collected from the liver in Chloe. There are moderate numbers of hepatocytes in many of the images and videos. The hepatocytes demonstrate slight granularity and minimal vacuolization. There is pigment in the hepatocytes but it is a nonspecific pigment. There are a few irregular spaces in some of the hepatocytes. I wonder about the possibility of copper. There are very few inflammatory cells in the surrounding fluid and red blood cells. There are no changes that support malignancy or sepsis.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver - Mild hepatocellular granularity and vacuolization with no specific inflammation or neoplasia

BREED

Westie

COMMENTS

The changes in the hepatocytes are likely secondary to nonspecific changes. This could be the result of endotoxins or other nonspecific changes. I do wonder about the possibility of copper in some of the hepatocytes. As you have stated in your description of this case, with some potential of fibrosis this would be a good case to biopsy to confirm what may be occurring in the liver. I suspect that the liver changes are secondary and not primary. As you well know this is a common challenge in dogs.

SEX

Female Spayed

AGE

12y

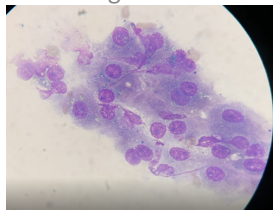


Image shows a representative group of hepatocytes with slight granularity and vacuolization collected from Chloe. The hepatocytes are not irregular.

WEIGHT

16 lbs

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.

HOSPITAL NAME

Scanvet

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.

REFERRING VET

Dr. Ebersole

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INVOICE NUMBER

610



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L.D. McGill, DVM,
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PATIENT

Chloe Mullen

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