

DATE PRESENTING CLINICAL SIGNS

10/30/21

Mass on right side of neck, decreased appetite, vomiting.

INTERPRETED BY CYTOLOGY SUBMISSION

U/S Guided FNA: Neck mass and spleen

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

OBSERVATIONS

PATIENT

Chet Socha

Neck mass: Submitted are 4 excellent videos of cells collected from the neck mass on Chet. The cellularity consists of large numbers of lymphoid cells, many of which are quite large and irregular. Nucleoli are prominent. The nuclei are quite large in many cells. There are scattered macrophages and neutrophils in the collection. Some small mature lymphocytes are present. The irregular large lymphoid cells are approximately 40 to 50% of the total cellularity.

SPECIES

Feline

Spleen: Submitted are 4 excellent videos of cells collected from the spleen in Chet. The cellularity in general is mixed. There are neutrophils with nucleated RBCs and prominent lymphoid cells. Many of the lymphoid cells are large and slightly irregular. Mitotic figures are observed. Degenerate debris is prominent. There are fields that suggest lymphoid cells are more prominent than others but in general this is a mixed cell collection.

BREED

DSH

ULTRASONOGRAPHIC DIAGNOSIS

Multi-centric lymphadenopathy and infiltrative splenic pattern. 4+cm mass adjacent to the right thyroid lobe.

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neck mass - Suggestive of lymphoma

AGE

Spleen - Mixed cell collection with some fields suggestive of lymphoma.

10yr

COMMENTS

The changes in the mass from the neck support some inflammation but there are also changes in that collection that suggest the possibility of a high-grade lymphoma. There could easily be lymphoma in the lymph node with secondary inflammation. Further evaluation with immunophenotyping to confirm atypical lymphoid cells may be beneficial in this collection from Chet. I am concerned that this is an early case of lymphoma.

HOSPITAL NAME

Newton Veterinary
Hospital

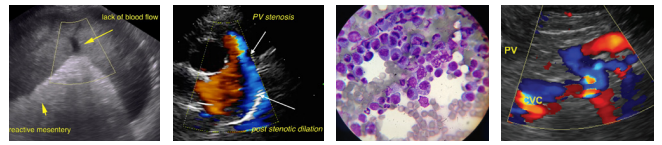
The changes in the spleen are not specific or suggestive of lymphoma to the extent that the neck lesion is. There are some changes in some of the cells in the spleen that could be consistent with lymphoma. Further evaluation of Chet with immunophenotyping or other forms of confirmation may be beneficial. This may require excision of the mass in the neck region with immunophenotyping. PCR testing can be applied to the slides collected from the neck lesion which may benefit in diagnosis. It

REFERRING VET

Dr. Barron

INVOICE NUMBER

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DATE will likely not be beneficial in prognosis. A guarded prognosis is warranted in my opinion.

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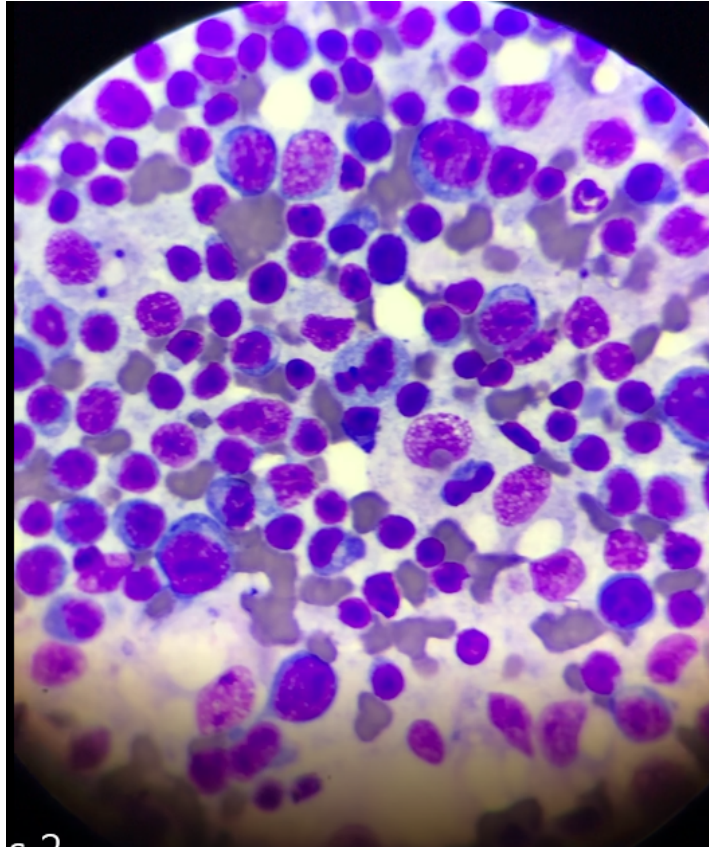


Image shows representative cells in the collection from the neck on Chet. There is inflammation but the large irregular cells are of concern. Note the mitotic figure in the center.

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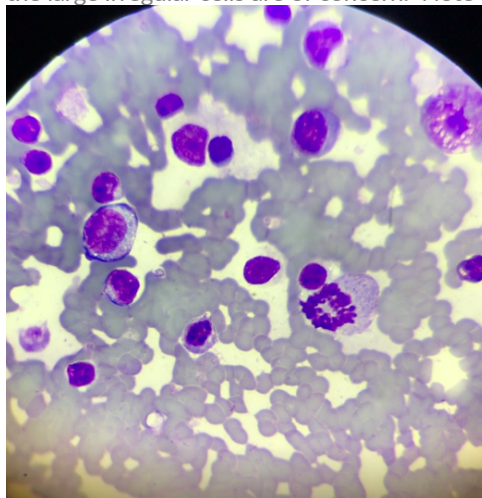
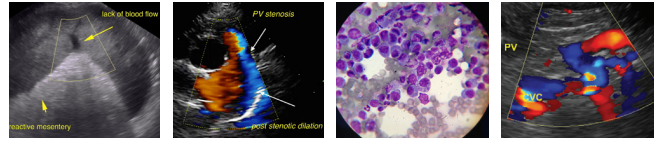


Image shows some of the large lymphoid cells with a mitotic figure collected from the spleen in Chet. Other fields had more numerous atypical lymphoid cells.

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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.

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

Chet Socha

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

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