



DATE PRESENTING CLINICAL SIGNS

12/6/21
ADR and bloated abdomen
Slightly elevated WBC w/ 14% Monocytes.
BUN of 35
T. Bil of 1.1
Glob 4.8
K: 6.8

INTERPRETED BY

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

CYTOLOGY SUBMISSION

FNA of Live collection & Abdominal Mass

PATIENT OBSERVATIONS

Van Gogh Delong

Live collection: Submitted are 6 videos collected from the live collection of apparent fluid from the abdomen in Van Gogh. The cellularity includes large numbers of reactive mesothelial cells that are extremely pleomorphic and demonstrate vacuolization and pseudopodia growing outwardly on the edges. There is mild inflammation in the surrounding red blood cells. Malignant characteristics are not present. Mesothelial cells can appear to be extremely concerning when they are reactive.
Abdominal mass: Submitted are a large number of videos collected from the abdominal mass. These videos demonstrate some reactive mesothelial cells but there are large numbers of macrophages in several of the fields. There are irregular fields that include spindle cells with protein and degenerate debris. There are other fields that include large numbers of neutrophils. This supports a chronic inflammatory process. All of the macrophages have a foamy cytoplasm.

SPECIES

Canine

BREED

Lab X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Live collection - Markedly reactive mesothelial cells with evidence of chronic inflammation and fat tissue degeneration.

SEX

Abdominal mass - Pyogranulomatous inflammation with necrosis and apparent fibrosis.

Male

COMMENTS

The cellularity in this collection supports the likelihood that the mass is a pyogranulomatous inflammatory process which in my opinion could easily be derived from chronic pancreatitis. Release of pancreatic enzymes into the abdominal cavity can cause localized granulomatous lesions. Inflammation is prominent in several locations. The mesothelial cells in several fields are extremely reactive but they are within normal limits of reactive mesothelial cells. I have seen them even more scary than the ones that you have in this collection. There is no suggestion of malignancy in any of the collections but there certainly is evidence of chronic inflammation. Exploratory and removal of the mass may be necessary to assist in treating Van Gogh and eliminating a source for inflammation and other problems. The fibrosis suggests possible encapsulation of this inflammatory process. If the mass can be completely excised and is identified as inflammatory, then a favorable prognosis is possible but very likely pancreatitis is the underlying source.

AGE

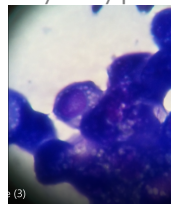
6 years

WEIGHT

69#

HOSPITAL NAME

Franklin Animal Clinic
Inc.



REFERRING VET

Dr. Sam Doverspike

Image shows reactive mesothelial cells with foamy cells in the Live collection from Van Gogh.

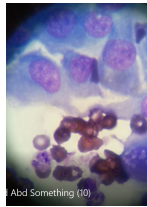
INVOICE NUMBER

70429



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Abd Something (10)

INTERPRETED BY

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Image shows some of the macrophages and a few neutrophils down below collected from Van Gogh. These cells are fairly representative.

PATIENT

Van Gogh Delong

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.

SPECIES

Canine

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.

BREED

Lab X

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