

DATE PRESENTING CLINICAL SIGNS

2/14/22

Presented 2 days ago for hematuria, acute onset, no prior episodes dysuria. UA sent to lab reported 10 epithelial cells per hpf but did not comment on morphology. Bacterial infection not present. Ultrasound today showed thickening and mass effect in dorsal bladder wall. A traumatic catheterization was performed and a dry preparation of the cytospun sediment is submitted. Additionally, the spleen was enlarged and had a micro nodular appearance so an FNA was performed

INTERPRETED BY

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

CBC was normal other than a marked monocytosis of 7,000 (CBC was sent out and reviewed by pathologist); chemistries normal

PATIENT CYTOLOGY SUBMISSION

FNA of Spleen & Urine Cytospin Effusion

Jacob Schlosser

OBSERVATIONS

SPECIES

Canine

Urine cytospin collection: Submitted are 2 excellent videos of very good collections of cells from the concentrated sample from the urine in Jacob. There are large numbers of epithelial cells that demonstrate anisocytosis and anisokaryosis. There are degenerate cells and there is some nonspecific staining material that could be liquid lubricant. There are very few inflammatory cells. The epithelial cells are definitely irregular.

BREED

Newfoundland

Spleen: Submitted are 3 excellent videos of excellent collections of cells from the spleen in Jacob. The cellularity consists of large numbers of round cells. The round cells have nuclei that are 2 to 6 times the size of red blood cells. The cytoplasm is bluish gray. The cytoplasm is minimal. There is marked anisocytosis and anisokaryosis. There are very few other inflammatory cells in the collection. The larger regular uniform cells have many characteristics of atypical lymphoid cells. Many of the cells have prominent nucleoli.

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine cytology - Large numbers of irregular epithelial cells with anisocytosis and anisokaryosis suggesting urothelial cell proliferation.
Spleen - Large numbers of irregular atypical lymphoid cells supporting high-grade lymphoma.

AGE

11y

COMMENTS

The cellularity in the urine collection is irregular. I am concerned that this is a urothelial cell carcinoma. It could also be urothelial cell hyperplasia. In either instance if other conditions were not identified in the spleen, excision of the mass would be encouraged.

WEIGHT

30kg

The changes in the spleen are strongly supportive of a high-grade lymphoma. The cellularity is uniform and atypical. Degeneration and inflammation are secondary. This cellularity is aggressive and irregular and I am concerned that other tissues may be involved. It could be a primary splenic lymphoma and splenectomy may be beneficial. If chemotherapy is contemplated, then immunophenotyping of the cells to confirm the specific cell type may be beneficial for prognosis. The slides can be submitted for PCR testing or new slides that are not stained can be submitted for immunocytochemistry staining. Flow cytometry can be beneficial but will require a repeat collection of cells prior to submission to the laboratory. Contacting the laboratory to confirm how to submit flow cytometry samples is encouraged. An unfavorable prognosis is warranted due to the cellular changes in the spleen. The urinary bladder changes may or may not be malignant. At this time they are not the major process.

HOSPITAL NAME

Animal Emergency Carel

REFERRING VET

Dr. Johnson/AEC

INVOICE NUMBER

70463



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PATIENT

Jacob Schlosser

SPECIES

Canine

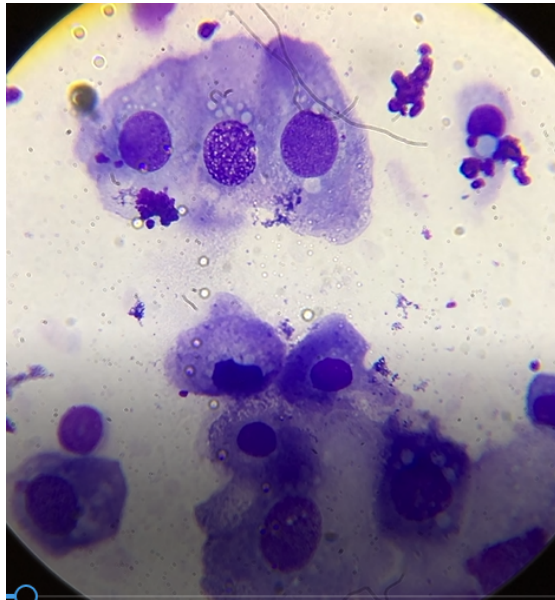


Image show cells from the urine collection from Jacob. Note the nuclear and cellular variation.

BREED

Newfoundland

SEX

Male Neutered

AGE

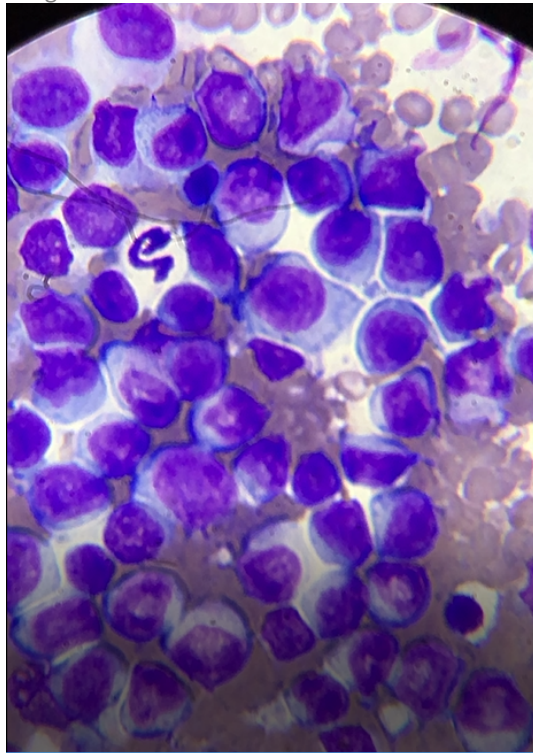
11y

WEIGHT

30kg

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REFERRING VET

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Image shows large numbers of irregular lymphocytes collected from the spleen. The nuclei are quite large, and nucleoli are prominent.

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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.



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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.

INTERPRETED BY

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PATIENT

Jacob Schlosser

SPECIES

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