



**DATE PRESENTING CLINICAL SIGNS**

2/14/23

AUS for increasing LE. No clinical signs, but sensitive on probe pressure over large suspected liver cyst in caudal L liver.  
ALT 233, ALP 1,623

**INTERPRETED BY**

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

AUS: 8 cm x 8cm cystic structure in L caudal liver, adjacent to stomach.  
FNA of L liver parenchyma and drained 20mL clear, light yellow fluid. Spun down 5 mL for cytospin of sediment. Minimal cells found.

**PATIENT**

Puck Beall

**CYTOLOGY SUBMISSION**

FNA of Large cyst & liver

**OBSERVATIONS**

**SPECIES**

Canine

Large cyst: Submitted are 3 excellent videos of minimal cellular collections of the concentrated sample from the cyst in Puck. There is minimal cellularity as you described. There is one clump of cells which includes rather large numbers of macrophages with foamy cytoplasm. There is one neutrophil and a few mature lymphocytes in the collection. In general, this is fluid that is collecting in a proteinaceous to minimally lipid pattern.

**BREED**

Irish Terrier

Liver: Submitted are 5 excellent videos of excellent collections from the cells in the liver in Puck. The cellularity includes hepatocytes with vacuolization and granularity. There are scattered inflammatory cells in the surrounding red blood cells. There are no suggestions of characteristics of malignancy. Inflammation is minimal.

**SEX**

Male Neutered

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Large cyst - Minimally cellular cyst with some macrophages and rare neutrophils  
Liver - Mild hepatocellular vacuolization and granularity with minimal inflammation.

**AGE**

12 years

**COMMENTS**

I am unable to identify the source for the cyst, but it is certainly not septic. There appears to be fluid buildup and I even wonder about degenerating fat tissue as part of the process. It could be derived from any organ in this region. It appears to be a benign cyst and thus if it can be eliminated and the source eliminated, then a favorable prognosis is expected. The liver cells are demonstrating slight vacuolization which is very common in older dogs. I suspect that the enzyme levels are increasing either as a result of enlargement of this cyst or as a result of maturation of the liver and the hepatocellular membranes. There is no suggestion of malignancy or sepsis. A guarded prognosis is warranted since the specific underlying process has not been identified.

**WEIGHT**

40 lbs

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Oliver

**INVOICE NUMBER**

40657



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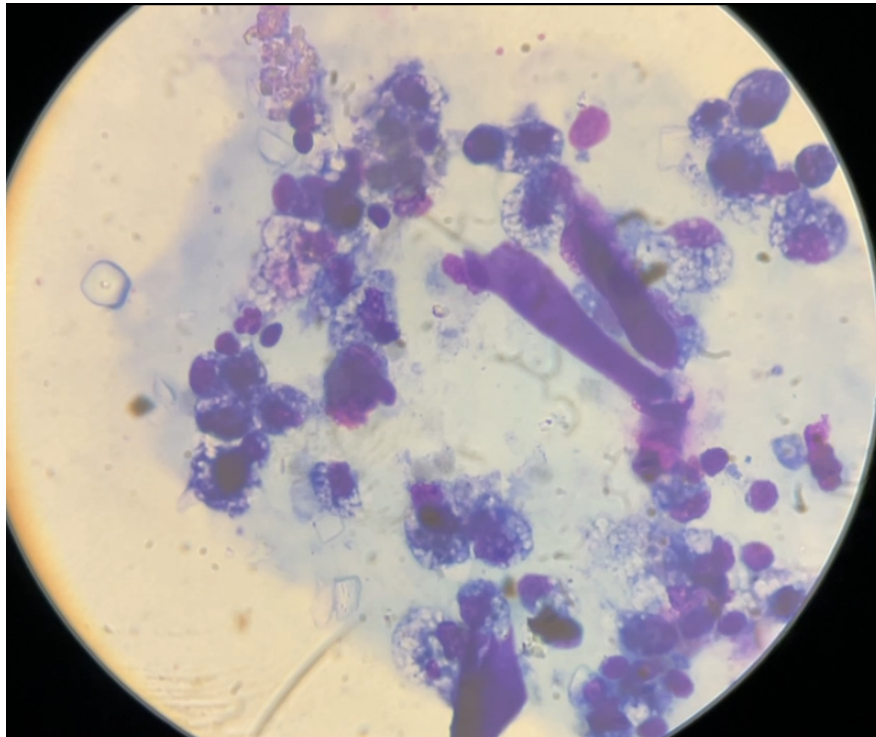


Image shows the one clump of cells in the cyst fluid in Puck. Most are macrophages with scattered neutrophils and lymphocytes. The amorphous purple/blue structures are keratin cells (contaminants from skin?)

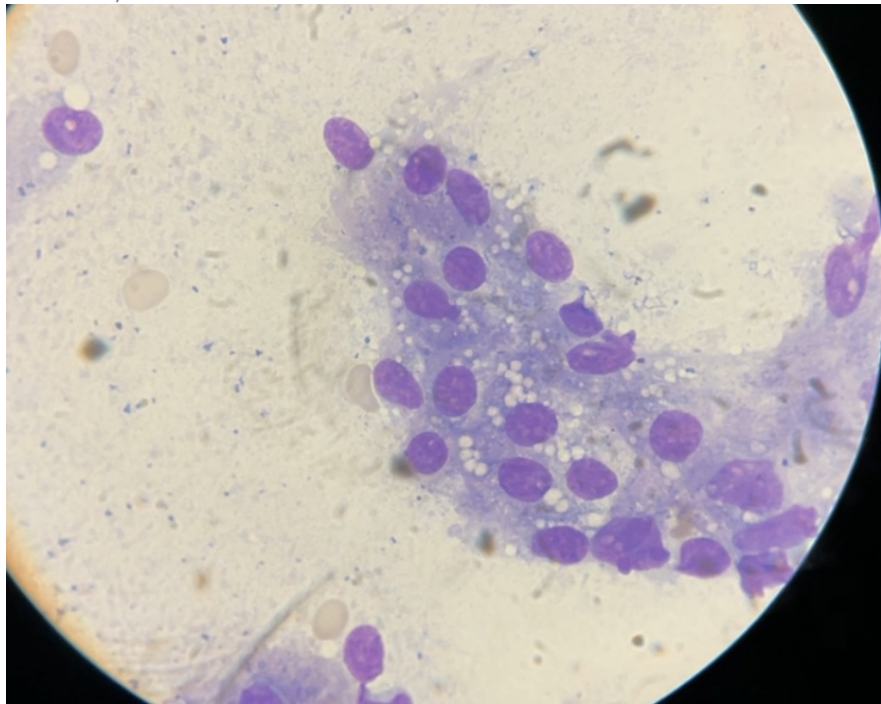


Image shows hepatocytes with vacuolization collected from the liver in Puck. There is minimal inflammation. Some bile canaliculi are filled with bile.



**DATE** 2/14/23 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.

**INTERPRETED BY** L.D. McGill, DVM, Ph.D., DACVP 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.

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

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Puck Beall

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