



DATE PRESENTING CLINICAL SIGNS

2/7/23

Muscle wasting and picky appetite. On Pred-L 10mg daily, stops eating if attempts to wean. History of idiopathic hypercalcemia and constipation.

BW: WNL

AUS (today): Splenomegaly with mildly scalloped contour. Upper limits normal size kidneys with interstitial nephrosis pattern.

INTERPRETED BY

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

CYTOLOGY SUBMISSION

FNA of Spleen

PATIENT

Bandit Lauze

OBSERVATIONS

Spleen: Submitted are 6 excellent videos of minimally nucleated cellular collections of erythrocytes and platelets with scattered cells in this collection from the spleen in Bandit. The cellularity is mixed including a good number of neutrophils with scattered mature lymphocytes, rare eosinophils and some macrophages. An interesting macrophage demonstrated nuclear debris and red blood cells in the cytoplasm. There are inadequate numbers of lymphocytes to suggest lymphoma. The cellularity is suggestive of inflammation with some cellular degeneration.

SPECIES

Feline

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spleen - Mixed cell collection with inflammation and evidence of degeneration and apparent congestion.

SEX

Male Neutered

COMMENTS

With the large numbers of red blood cells and the platelets, it is my opinion that this spleen is congested. There is no suggestion of neoplasia in any of the fields. The lymphocytes appear to be mainly small mature lymphocytes. There are fewer eosinophils in this collection than in the first collection, but they are present. This could be due to prednisone therapy. In light of the clinical history you describe and these secondary changes in the spleen, I suspect that the major problem is in the intestine. Intestinal biopsies for inflammatory bowel disease or evaluation for intestinal lymphoma will likely be required to confirm the diagnosis. Pancreatitis could also be part of the process, but you don't talk about the pancreas being abnormal. At this time, it is my opinion that the splenic changes and probably those in the liver are secondary. The concern about not being able to collect cells from the liver makes me suspicious about the possibility of hepatic fibrosis or problems in the liver that cannot be confirmed cytologically. A guarded to unfavorable prognosis is warranted in my opinion due to not being able to identify the primary disease process at this time.

WEIGHT

9.6 lbs

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bailey

INVOICE NUMBER

40653



DATE

2/7/23

INTERPRETED BY

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

PATIENT

Bandit Lauze

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

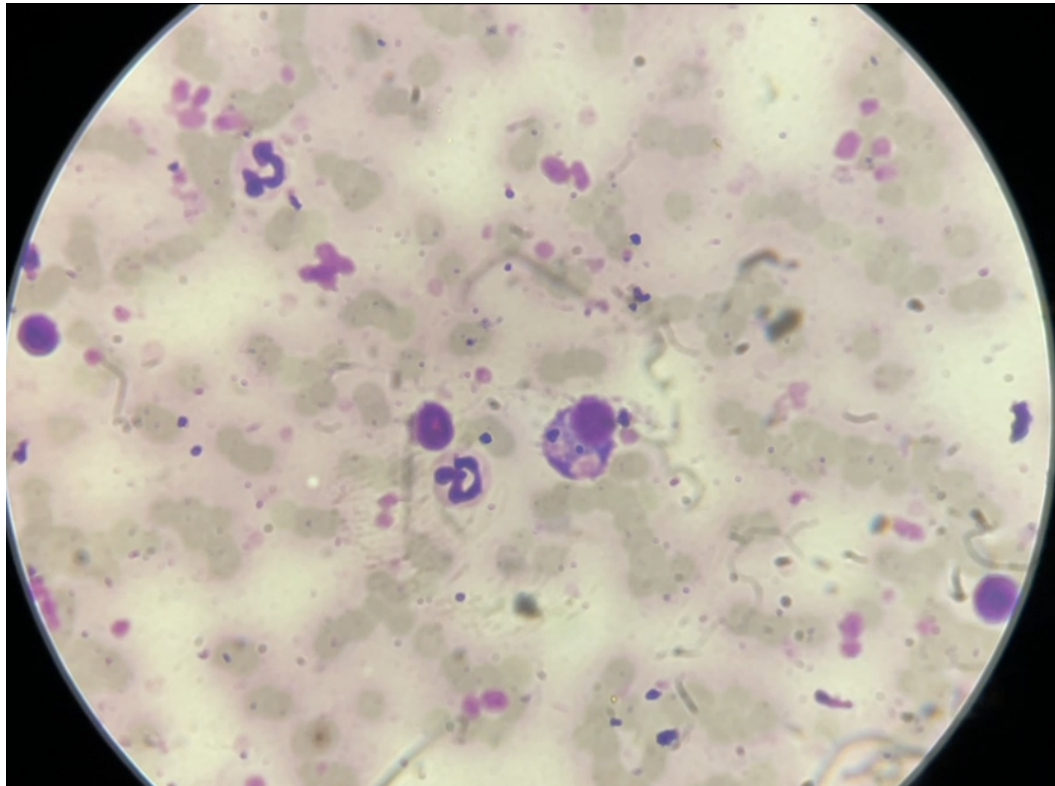


Image shows the paucity of cells and mixed cell collection with an interesting macrophage in the center with necrotic debris and a RBC in the cytoplasm collected from the spleen in Bandit. The light purple structures scattered around are platelets supporting acute blood collection.

AGE

9 years

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.

WEIGHT

9.6 lbs

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.

HOSPITAL NAME

Scanvet

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

REFERRING VET

Dr. Bailey

INVOICE NUMBER

40653