



DATE PRESENTING CLINICAL SIGNS

3/1/23

Chronic vomiting. AUS 2 weeks ago showed splenic nodule.
AUS: splenic nodule and mild heterogenous splenic changes. Hepatic remodeling and hepatoma-like swelling in L medial liver (did not sample today). Swollen R adrenal gland.
BW: WNL except low Cl.

INTERPRETED BY

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

CYTOLOGY SUBMISSION

FNA of spleen parenchyma and splenic nodule

PATIENT

Agnes Garvin

OBSERVATIONS

Spleen: Submitted are 9 excellent videos of excellent collections of cells from the spleen in Agnes. The cellularity is mixed throughout all of the collections with large numbers of RBCs throughout the smears. There are neutrophils, eosinophils, lymphoid cells and nucleated RBCs. Associated with these cells are small vacuoles of lipid. Some of these vacuoles are intracytoplasmic in macrophages. Malignant characteristics or sepsis are not identified.

SPECIES

Canine

BREED

Pug

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spleen - Mixed cell collection with lipid suggesting myelolipoma

SEX

FS

COMMENTS

The cellularity that I was able to evaluate is benign. It appears to be mixed. There is no suggestion of malignancy or sepsis. There could be inflammation in the region but with the lipid, a myelolipoma appears to be the most likely diagnosis. This can cause mechanical difficulties in the abdominal cavity if it becomes large enough. Splenectomy and histopathology will be required to confirm the diagnosis. At this time, I do not identify changes that would suggest neoplasia. Continued monitoring or a follow-up exploratory will be required to confirm the diagnosis.

AGE

12 years

WEIGHT

31 lbs

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE NUMBER

40680



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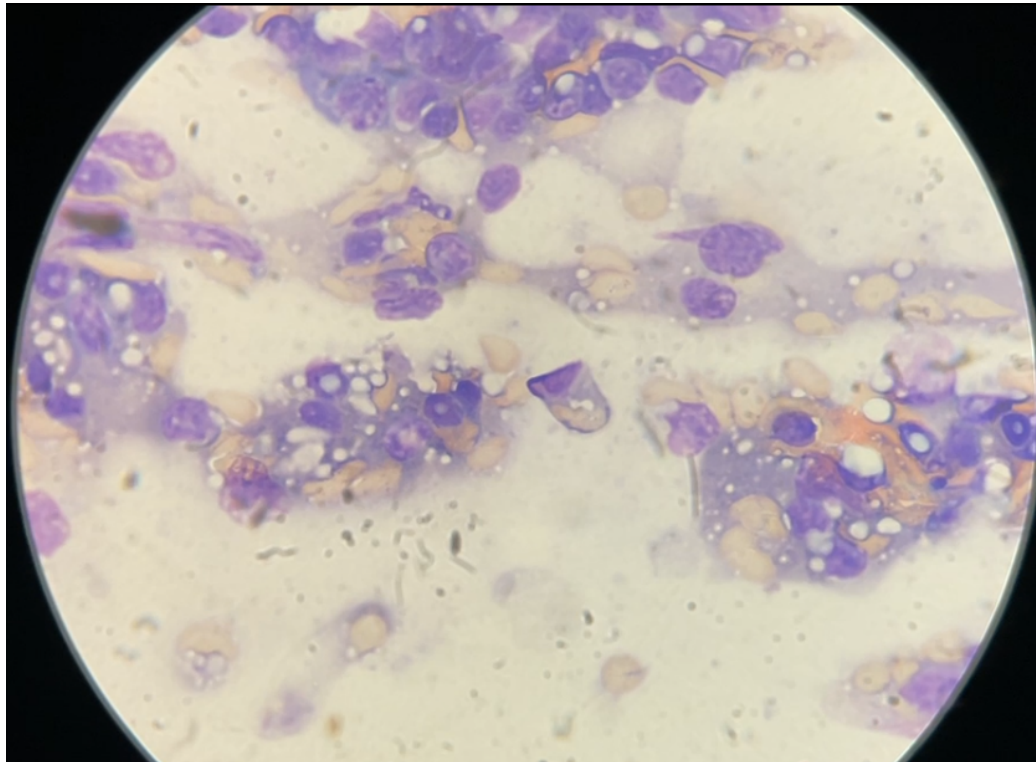


Image shows a representative collection of cells with lipid vacuoles collected from the spleen in Agnes. The lipid is even free in the surrounding fluid.

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.

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