



DATE PRESENTING CLINICAL SIGNS

3/12/22 Lethargy, decreased appetite x 3-4 days. FNA of Liver
PE: QAR, tense abdomen on palpation.
RADS: mass effect in cranial abdomen and additional midabdominal soft tissue density.
WBC 3.7, ALP 181, ALT 612, T. Bili 1.2

INTERPRETED BY AUS: hyperechoic and enlarged liver and spleen, enlarged mesenteric LN. Irregular echotexture and shape especially in caudal liver lobe. Bright enhanced mesentery.

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

CYTOLOGY SUBMISSION

Liver

PATIENT OBSERVATIONS

The Hoot Bryant Liver: Submitted are 9 excellent videos of excellent collections of cells from the liver in The Hoot. I was unable to identify hepatocytes but all of the cells present are round cells with prominent bluish gray cytoplasm and extremely irregular and generally large nuclei. The nuclei have prominent nucleoli. Mitotic figures are readily identified throughout the collection. There are scattered inflammatory cells associated as well.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver - High-grade lymphoma

BREED

Maine Coon cat

COMMENTS

The cellularity in this collection is diagnostic of a high-grade lymphoma. I was unable to identify hepatocytes to confirm that this is from the liver. It doesn't matter which organ this collection came from, this is a lymphoma with too many characteristics to confirm that diagnosis. Other tissues are likely involved including the spleen and lymph nodes. If chemotherapy is contemplated, then parr testing to confirm the underlying cell type may be beneficial. An unfavorable prognosis is warranted in my opinion.

SEX

Female Spayed

AGE

10y

WEIGHT

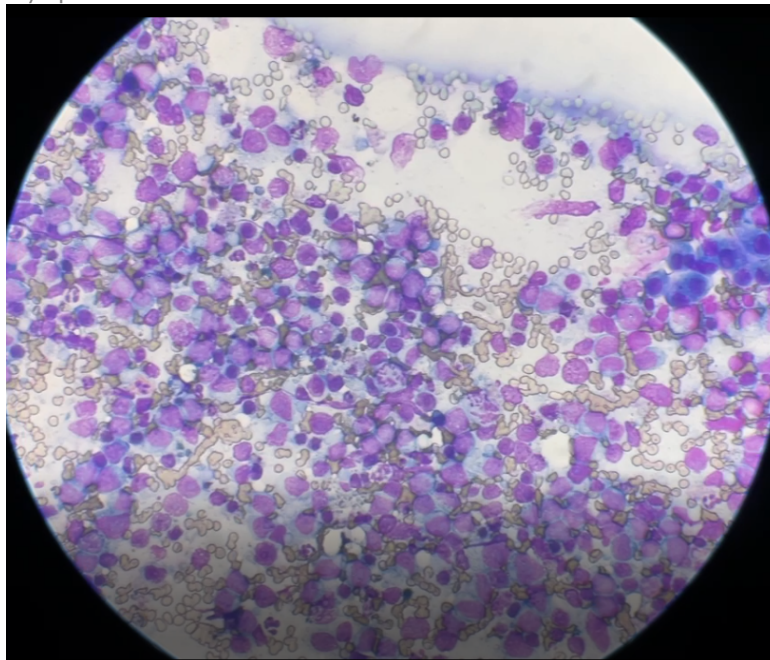
10.4 lbs

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Ebersole



INVOICE NUMBER

Image shows massive numbers of lymphoid cells collected with 2 or 3 mitotic figures in the center of the aspiration from the liver in The Hoot. The lymphocytes are generally large.



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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.

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.

PATIENT

The Hoot Bryant

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687