



DATE PRESENTING CLINICAL SIGNS

3/15/23

High grade MCT removed from R hock last fall, recurred quickly. When operated again, mass was intertwined with tendons/ligaments in the hock. Consult with oncology, treated with Palladia and Vincristine but mass continued to grow. Owner d/c chemo, is on Benedryl 50mg BID. FNA done of Spleen in preparing for possible amputation. Benedryl injection given pre-FNA.

INTERPRETED BY

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

AUS: spleen overall appears normal, with 1 small hypoechoic nodule.
FNA of splenic parenchyma and hypoechoic nodule

CYTOLOGY SUBMISSION

Spleen

PATIENT

Goober Rao

OBSERVATIONS

Spleen: Submitted are 10 excellent videos of cells collected from the spleen in Groober. The cellularity consists of large numbers of red blood cells with a mixture of nucleated cells. The nucleated cells are nucleated RBCs, lymphocytes, macrophages, spindle cells and scattered neutrophils. Mast cells are not identified. There are no changes that support malignancy or sepsis.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spleen - No mast cells observed with normal mixed cell collection.

BREED

Basset Hound

COMMENTS

The cellularity is relatively normal splenic parenchyma with no evidence of mast cells or any evidence of other malignancy or sepsis. There are no changes that would suggest pathology. There is some stain precipitate and possibly ultrasound gel but no other specific cellular changes and no suggestions of mast cells. Continued monitoring of Goober is encouraged.

SEX

Male Neutered

AGE

9y

WEIGHT

45 lbs

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Dapolito

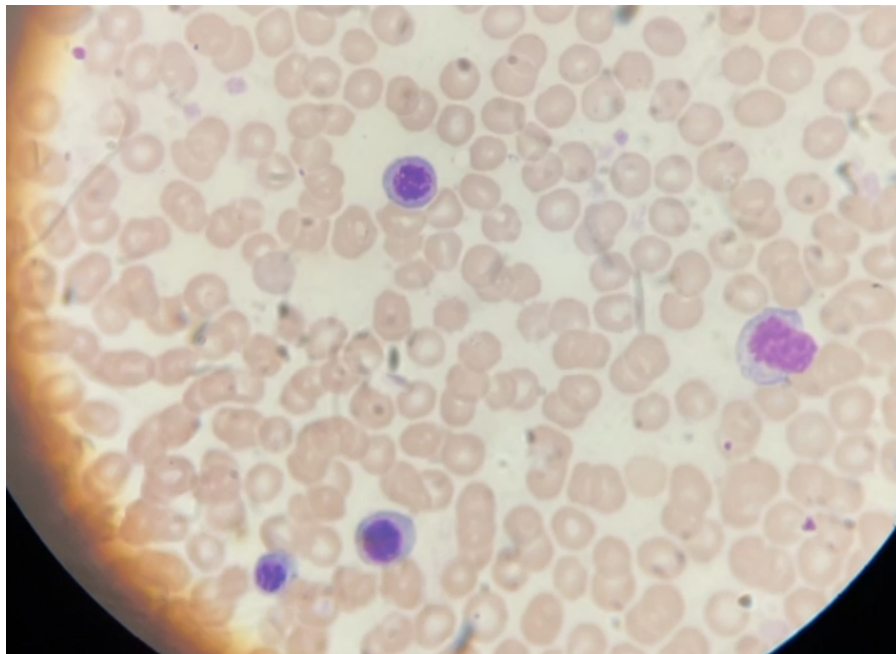


Image shows NRBCs and a macrophage with the usual RBCs from the spleen in Goober. No mast cells are noted.

INVOICE NUMBER

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DATE 3/15/23 **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

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