



DATE PRESENTING CLINICAL SIGNS

3/18/22

Dx elsewhere with liver mass- second opinion today. FNA 25 g performed on liver parenchyma and one of the masses. Just finished course of amox -baytril for 2 weeks. AST 131, ALT 634, ALKP 1114; platelets 385, HCT 44.

INTERPRETED BY CYTOLOGY SUBMISSION

Liver

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

OBSERVATIONS

Liver: Submitted are 6 excellent videos and one image of cells collected from the liver in Winnie. The hepatocytes demonstrate vacuolization and granularity. In some areas they are slightly disorganized but there are no characteristics of malignancy in the hepatocytes. The most prominent change is a mixture of inflammatory cells associated with these hepatocytes. Those cells include neutrophils and lymphocytes. Changes of sepsis are not identified.

PATIENT

Winnie Hiltz

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES Liver - Moderate hepatocellular vacuolization and granularity with changes suggesting chronic inflammation and possible nodular hyperplasia.

Canine

COMMENTS

The hepatocellular changes are not specific but suggest metabolic liver disease. This can be secondary to changes of endotoxins from the pancreas or intestine or the result of endocrine changes such as canine Cushing's syndrome. There are no changes to support malignancy or sepsis. There are changes that could be consistent with nodular hyperplasia and changes that could be consistent with inflammation. Those changes are often secondary. Leptospirosis can be considered with this type of inflammatory process in the liver. If problems continue, then exploratory evaluation of the abdominal cavity may be necessary to identify an underlying process.

BREED

Pit Bull

SEX

Female Spayed

AGE

7y

WEIGHT

N/A

HOSPITAL NAME

Parsippany Troy Hills
Animal Hospital

REFERRING VET

Dr. Dulude

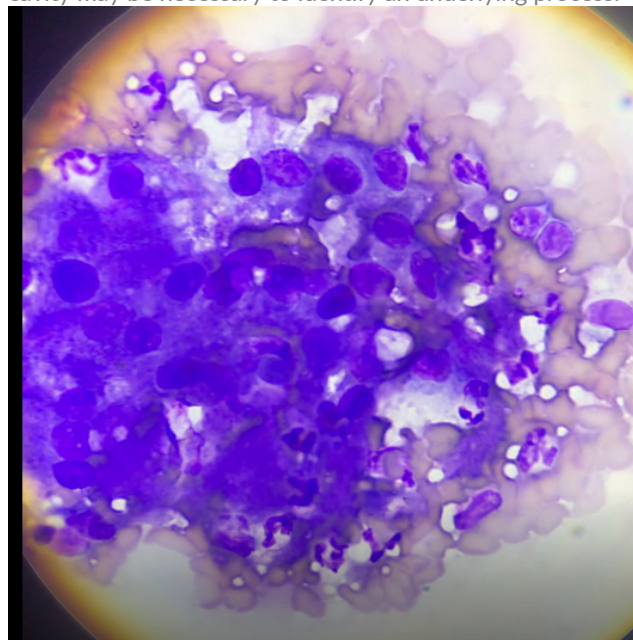


Image shows hepatocytes with vacuolization collected from Winnie. Note the neutrophils and lymphocytes associated with this group of hepatocytes.

INVOICE NUMBER

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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

Winnie Hiltz

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cell: 801-865-1220

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