



DATE PRESENTING CLINICAL SIGNS

4/21/23 Liver FNA post ultrasound
3/28/23: Lost 18lbs since June 2022, historically elevated ALT/ALKP since May 2022 Presenting complaint: GI upset off and on for a few months. Fecal accidents in the house, mostly diarrhea. Started around the time pet started proin for incontinence. Current Medications Acepromazine 1mg/kg - 0.5mls, Butorphanol 10mg/ml - 1.4mls, trazodone 300mg PO at 6am, Proin 25mg PO BID Primary Question/Differential to Be Answered in This Exam Adrenal dz? Liver architecture? Neoplasia?

INTERPRETED BY

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

evidence of inflammatory bowel disease?
CBC - WNL Chem - ALKP 1836 U/L - endocrine/adrenal v. hepatobiliary dz v. others. ALT 297 U/L - endocrine/adrenal v. hepatobiliary dz v. others. GLOB 5.1 g/dL (TP 8.4 g/dL) - inflammation/infection v. neoplasia CHOL 329 mg/dL - postprandial v. others otherwise WNL 4dx snap test - negative x HW/L/E/A

PATIENT

Lola Skelton

CYTOLOGY SUBMISSION

Liver

SPECIES OBSERVATIONS

Canine

Liver: Submitted are 6 excellent videos of very good to excellent collections of hepatocytes from the liver in Lola. The hepatocytes are slightly irregular but certainly smaller than usual with indistinct cytoplasm. There is mild anisokaryosis. The surrounding red blood cells have very few inflammatory cells. The hepatocytes appear to be markedly vacuolated with prominent lipid in several cases. The cellularity supports proliferative hepatocellular structures with minimal inflammation.

BREED

German Shepherd

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver - Hepatocellular proliferation and lipidosis suggesting a hepatocellular adenoma or low-grade carcinoma.

SEX

Female Spayed

COMMENTS

The cellularity in this collection suggests a hepatocellular proliferative process but it appears to be low grade. There was not as much polymorphism in the nuclei as I would expect for a hepatocellular carcinoma thus my suggestion at this point is a low-grade hepatocellular carcinoma or hepatocellular adenoma. In either instance it appears to be associated with hepatocellular proliferation. There is prominent lipidosis in many of the cells with free lipid. This can occur secondarily in proliferative hepatocytes or could also be related to some type of endocrine or metabolic disease involved in the liver. A guarded to unfavorable prognosis is warranted. A follow-up biopsy will be required to confirm whether this is a carcinoma or adenoma. Nodular hyperplasia is a possibility but the cells seem to be more proliferative than expected with nodular hyperplasia.

AGE

9y

WEIGHT

71 lbs

HOSPITAL NAME

Banfield South Eugene

REFERRING VET

Dr. Jackson

INVOICE NUMBER

937



DATE

4/21/23

INTERPRETED BY

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

PATIENT

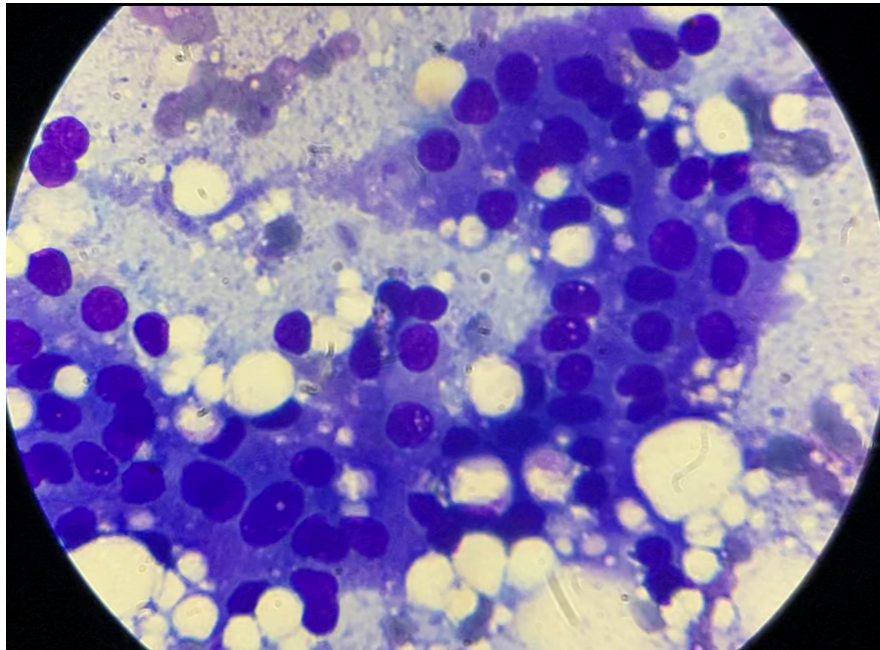
Lola Skelton

SPECIES

Canine

BREED

German Shepherd



The image shows small piled up hepatocytes with lipid vacuoles in the liver aspirate collected from Lola. Note the anisokaryosis.

SEX

Female Spayed

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.

AGE

9y

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.

WEIGHT

71 lbs

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

HOSPITAL NAME

Banfield South Eugene

REFERRING VET

Dr. Jackson

INVOICE NUMBER

937