

DATE PRESENTING CLINICAL SIGNS

5/10/23

P has a chronic history of inflammatory bowel disease, megacolon and chronic pancreatitis diagnosed at a different clinic (Banfield) which has been ongoing for many years. She has recently been losing weight and feces looks just like undigested food. P has been having trouble swallowing and acts like it's difficult; won't eat voluntarily so O has been syringe feeding wet food this week. P has lost 0.8lbs since last exam on 4/21/23 (was 5.8lbs; now 5.0lbs). Ongoing issues with urinary tract infections (last urine culture done 03/07/2023 positive for E. Coli and sensitive to Clavamox). UTI seemed to clear up but then this week P has been having hematuria/stranguria again (UA pending). On physical exam P is very thin (BCS 2/9) with oily/unkempt and dull colored hair coat, HR: 210, RR: 30 brpm, T: 100.9°F. No lesions of the oral cavity or neck are easily seen. P is taking prednisolone, gabapentin cisapride and cerenia PO at home. Current Medications Prednisolone 2.5mg PO BID, gabapentin 12.5 - 25mg PO BID - TID, cisapride 2.5mg PO BID - TID and cerenia 4 - 8mg PO SID; got first injection of vitamin B12 0.3mls SQ on 4/21/23 Radiographic Findings Marked gas accumulation all throughout small intestines, mottled material in stomach and colon which appear similar (ingesta), normal silhouettes of the kidneys, bladder, liver. Good serosal detail. Chest cavity appears normally.

INTERPRETED BY

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

PATIENT

Pip De Anda Gill

SPECIES

Feline

Primary Question/Differential to Be Answered in This Exam How does P's pancreas appear? Is there a mass present from chronic pancreatitis/suspected EPI or is this purely inflammatory/functional in nature?

BREED

DSH

Are there signs of neoplasia or other abnormalities in any other area? How does the bladder appear and does it show a cause for P's chronic UTIs/hematuria?
GI panel from Idexx - Suspicious for EPI, but TLI portion is still pending. SpefPL 50 (H; ref range 0.0 - 3.5); cobalamin very low at <150 (ref range 276 - 1,425); folate very high at >24.0 (ref range 8.9 - 19.9) - CBC/CHEM17 and UA pending (will send to ASNW e-mail once completed today)

CYTOLOGY SUBMISSION

Pancreas; liver

SEX

Female Spayed

OBSERVATIONS

Pancreas: Submitted are 4 excellent videos of minimal to moderate collections of cells from the pancreatic tissue in Pip. The cellularity in most of the videos and images consist of a mixed cell collection of inflammatory cells that are neutrophils, scattered macrophages and rare lymphocytes. One of the videos demonstrates a proliferation of irregular rounded cells that are packeted. This is a characteristic structure of neuroendocrine proliferation within pancreatic tissue. It is only present on one video. All of the other videos demonstrate chronic inflammation with macrophages and inflammatory cells.

AGE

13y

WEIGHT

5.0 lbs

Liver: Submitted are 5 excellent videos of moderate collections of cells from the liver in Pip. The cellularity consists of aggregates of hepatocytes with slight vacuolization and granularity. There is a mixed cell collection in the surrounding red blood cells. These cells include neutrophils, lymphocytes and rare macrophages. Malignant characteristics are not identified in any of the videos collected from the liver. The hepatocytes demonstrate vacuolization.

HOSPITAL NAME

The Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreas - Chronic pyogranulomatous pancreatitis with islands suggesting neuroendocrine cellular proliferation.
Liver - Mild hepatocellular vacuolization and granularity with mild inflammation.

REFERRING VET

Dr. Yamada

COMMENTS

The cellularity in the pancreas suggests the possibility of focal areas of chronic pancreatitis but there are aggregates of cells in one of the videos that strongly suggest a proliferative process in the region. This proliferative process could be the result of islet cell carcinoma or possibly a ductal cell proliferation in the region. An outside possibility is pancreatic acinar proliferation. This was only identified in one of the videos but there were several aggregates in that collection. Inflammation is prominent in the rest of the videos in the pancreas.

INVOICE NUMBER

948



DATE 5/10/23
The changes in the liver suggest secondary changes which could be secondary to pancreatitis or secondary to a proliferation along the bile duct. Further evaluation to identify the source for these proliferative cells is encouraged. This may require an exploratory or treatment for inflammation and a follow-up biopsy in the region. A guarded to unfavorable prognosis is warranted due to the irregular cells collected from the pancreas.

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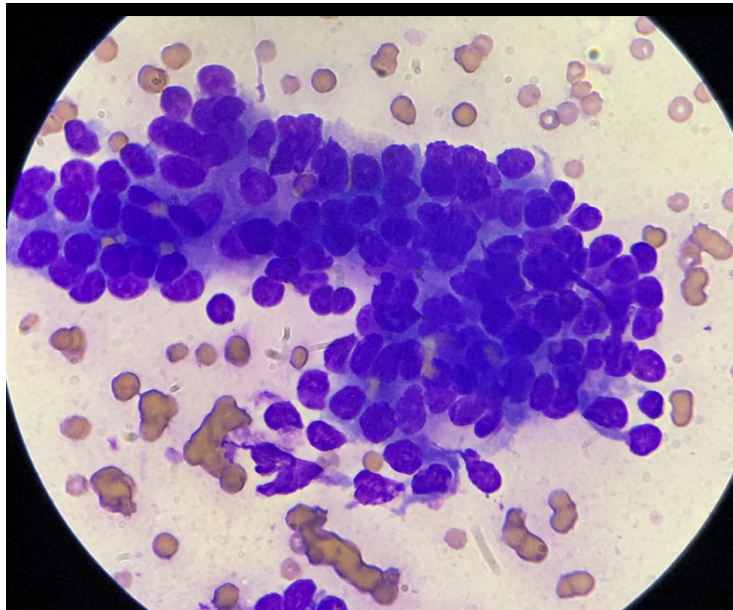


Image shows a group of cells collected from the pancreas in Pip. Note the anisocytosis and minimal cytoplasmic characteristics.

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13y

WEIGHT

5.0 lbs

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Dr. Yamada

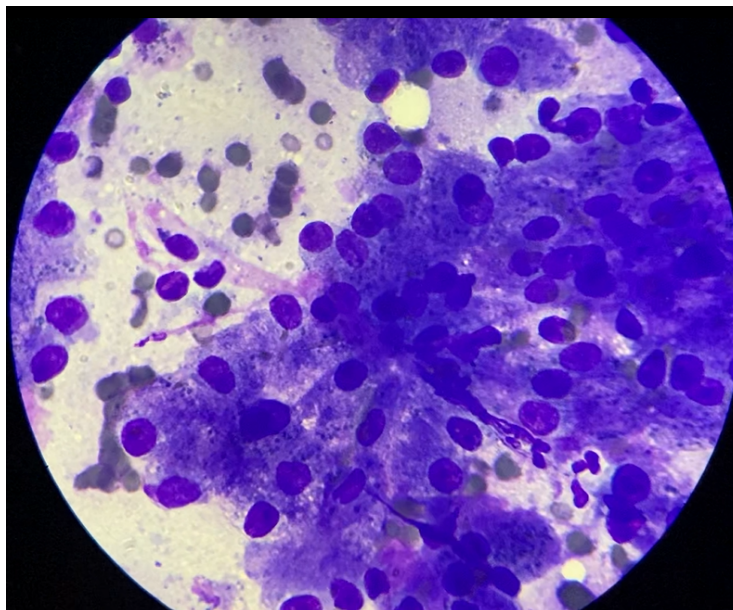
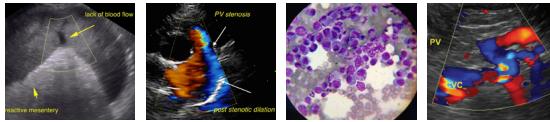


Image shows hepatocytes with mild vacuolization and mild inflammation collected from the liver in Pip. The inflammation includes neutrophils.

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DATE 5/10/23 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.

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