



DATE PRESENTING CLINICAL SIGNS

5/15/22

Weight loss, inappetance, lethargy
Icteric, emaciated, HCT 16% (non regenerative); elev TBili 7, elev ALT and ALP; FeLV/FIV neg
Intestinal mass found on ultrasound

INTERPRETED BY CYTOLOGY SUBMISSION

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

Intestinal mass

PATIENT

Crookshanks Hall

OBSERVATIONS

Intestinal mass: Submitted are 6 excellent videos of excellent collections of cells from the intestinal mass in Crookshanks. The cellularity is aggregated in irregular patterns throughout these videos. There are occasional individualized cells but they are few in numbers. The nuclei are round to elongated with prominent nucleoli. Bluish gray cytoplasm is prominent and it is irregular in size and shape. The aggregation suggests an epithelial proliferative process. There is prominent anisocytosis and anisokaryosis. Occasional palisading of nuclei is identified.

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Feline

Intestinal mass - Neoplastic process suggestive of intestinal carcinoma.

COMMENTS

BREED

DSH

The cellularity in this collection is definitely that of a neoplastic process. I considered the possibility of lymphoma but the aggregation and prominent cytoplasm is more suggestive of an epithelial type neoplastic process. Another possibility would be a mesothelioma but I would suspect more sloughing of cells than observed in these aggregates. Exploratory and excision of the mass is encouraged to confirm the process and possibly prolong the life in Crookshanks. A guarded to unfavorable prognosis is warranted depending upon response to therapy and any treatment considered.

SEX

Male Neutered

AGE

11y

WEIGHT

3.7kg

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Bailey

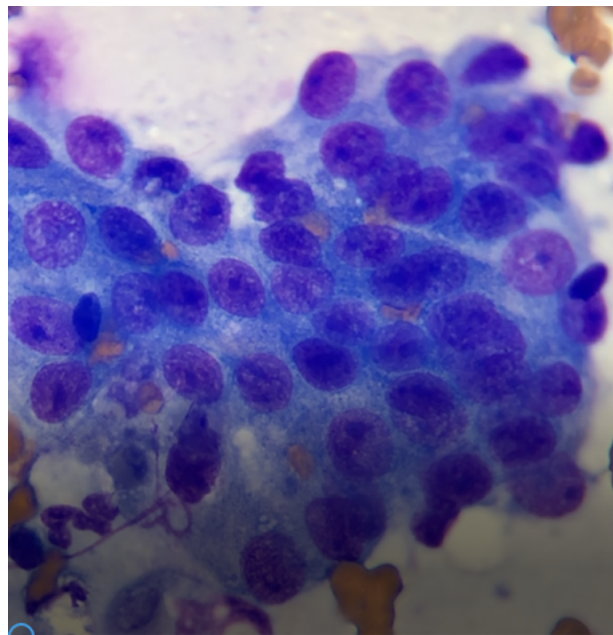


Image shows an aggregation of neoplastic cells with anisocytosis and anisokaryosis. There are prominent nucleoli.

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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

Crookshanks Hall

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cell: 801-865-1220

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