



**DATE PRESENTING CLINICAL SIGNS**

6/14/22 Two to 3 day duration of anorexia and progressive lethargy.  
1-2 days duration of diarrhea.  
No vomiting, coughing, sneezing.

**INTERPRETED BY**

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

No known exposure to NSAIDs, mushrooms, toxins.  
No travel history, no diet change.  
PE: Mild lenticular sclerosis OU, moderate dental disease, otherwise unremarkable. PE: ~5-7% dehydration, no significant findings. No palpable abdominal masses.

**PATIENT CYTOLOGY SUBMISSION**

FNA of Liver & Spleen  
Bailey Chung

**OBSERVATIONS**

**SPECIES** Spleen: Submitted are 4 excellent videos of excellent collections of cells from the spleen in Bailey. The cellularity consists of a mixed cellular component including nucleated red blood cells, neutrophils and some scattered lymphocytes. Megakaryocytes are readily identified. Neutrophils appear to be increased in several fields. There is one large aggregation of neutrophils in the collection. Malignant characteristics are not identified.

Canine

**BREED**

Collie Mix

Liver: Submitted are 4 excellent videos of excellent collections of cells from the liver in Bailey. The hepatocytes demonstrate vacuolization and granularity. There are scattered inflammatory cells in the surrounding red blood cells. Inflammatory cells include neutrophils, and in some fields slightly increased numbers of lymphocytes. Malignant criteria are not identified.

**SEX**

F S

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spleen - Focal suppurative splenitis with prominent extra medullary hematopoiesis.  
Liver - Hepatocellular vacuolization and granularity with mild suppurative inflammation with focal areas of apparent lymphocytic inflammation.

**AGE**

9 years

**COMMENTS**

The changes in the liver and spleen strongly support the likelihood of a suppurative inflammatory process in the abdominal cavity in Bailey. This could be bacterial infection from the intestine or secondary to pancreatitis. There are no changes that would support malignancy. There is definitely inflammation. There could be lymphocytic cholangiohepatitis as part of the process in the liver, but the major process is suppurative inflammation which suggests a bacterial infection. I can't rule out copper increase in the liver. Antibiotic therapy is certainly in order at this time. Continued evaluation for a primary inflammatory process in the intestine or pancreas or other locations in the abdomen is encouraged.

**WEIGHT**

18 kg

**HOSPITAL NAME**

Bend Animal Emergency  
Specialty Center/SDVS

**REFERRING VET**

Dr. Naomi Kitagaki  
DVM

**INVOICE NUMBER**

40542



**DATE**

6/14/22

**INTERPRETED BY**

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

**PATIENT**

Bailey Chung

**SPECIES**

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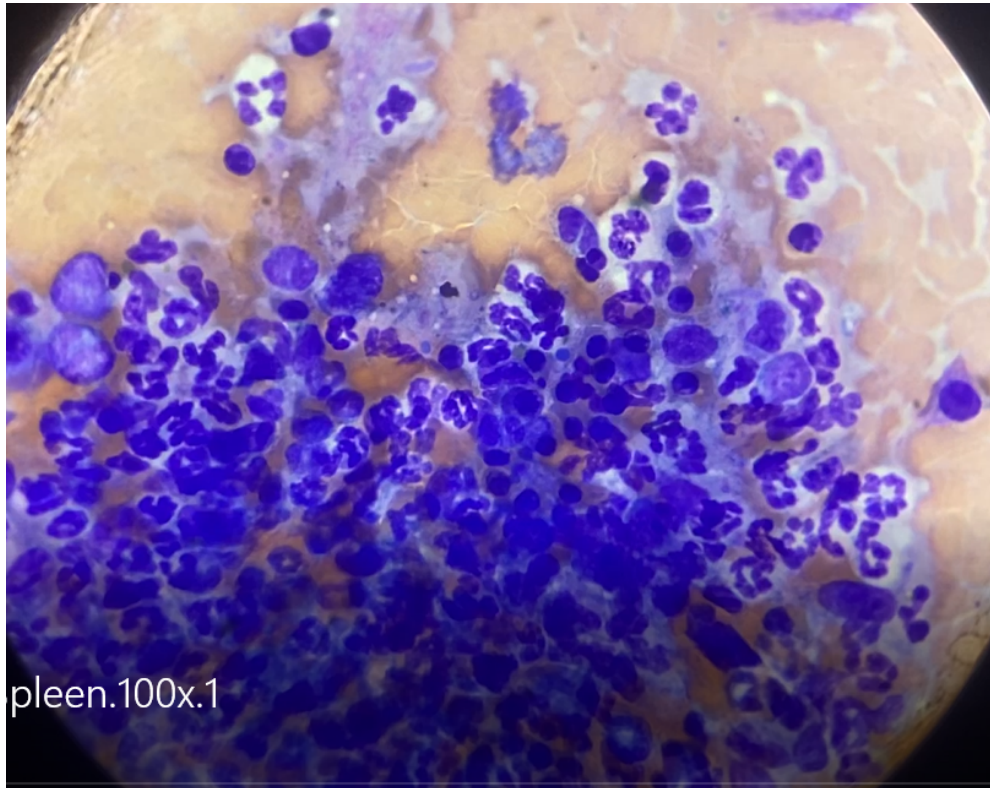


Image shows a field of neutrophils from the spleen. Other cells and platelets are present.

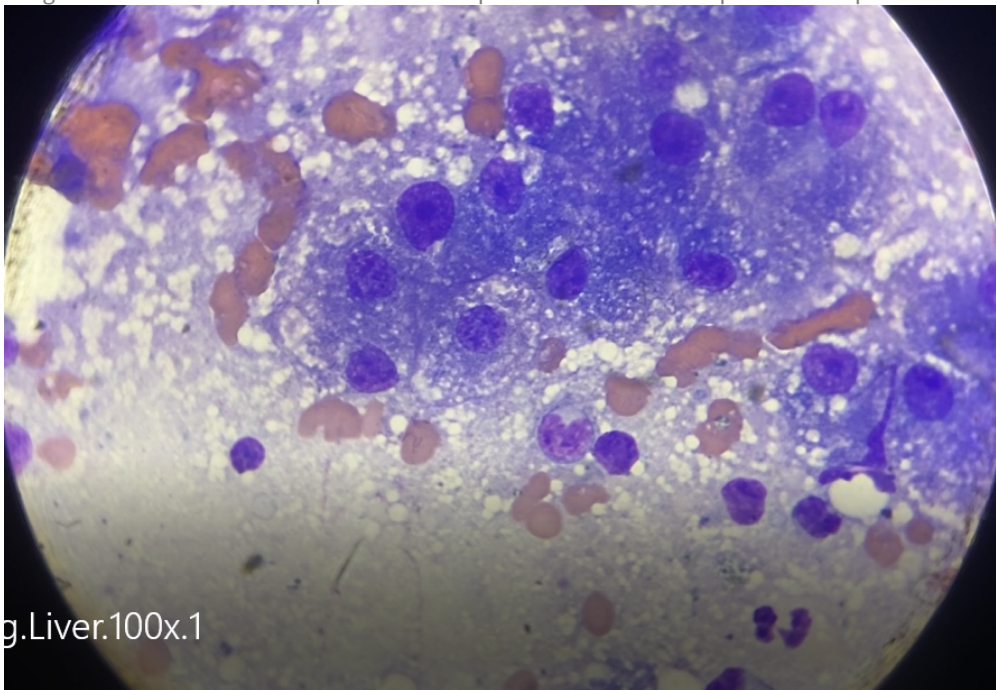


Image shows hepatocytes with vacuolization and scattered inflammatory cells. Probable lipid.



**DATE** 6/14/22 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

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**PATIENT**  
Bailey Chung

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