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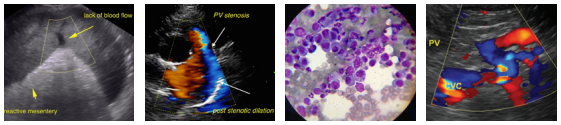

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

DATE

6/29/23

INTERPRETED BY

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

PATIENT

Bodhi Nerseth

SPECIES

Canine

BREED

Rat Terrier x

SEX

Male Neutered

AGE

11y

WEIGHT

20.2lbs

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr Yamada

INVOICE NUMBER

PRESENTING CLINICAL SIGNS

Bodhi has been on and off his appetite lately and was vomiting a couple of times last week. O said he wasn't producing normal stools (just small ones) until 6/26/23 when he defecated a large amount twice and some of it was getting runny. O was out of town recently and P was staying with a sitter; worried he got into something while they were gone. O says he hikes with a couple of Rottweilers and where they go they see coyote and other scat, but O doesn't let him get into it. P has been known to eat cat feces in the yard. Over the past 36 hrs or so P has been crying when picked up and walking hunched, which caused O to seek exam. Since initial exam on 6/26/23, P has continued to have picky appetite and is more lethargic than usual.

Current Medications
Cerenia, SQ fluids given in hospital on 6/28/23. Proviable Forte caps
Radiographic Findings
Taken 6/26/23 - Large radioopaque mass effect with decreased serosal detail in the cranial left quadrant of the abdomen with surrounding loss of detail (attached).
AFAST performed on 6/26/23 and rechecked on 6/28/23 shows concern for mass effect in the cranial abdomen. This mass effect was sampled with FNA 6/26/23 at ~9am; results from STAT read cytology via Lacuna is pending but preliminary results stated r/o lymphoma
Primary Question/Differential to Be Answered in This Exam
Where is the mass effect in question coming from? Is it causing any obstructive signs? If possible, r/o neoplasia vs. inflammatory or reactive tissue.
Case Upload Status
Images Received
Abnormal PE/Chem/CBC/UA Results
6/26/23 Labs - CBC has mild neutrophilia 12.58k, otherwise WNLs. CHEM10 was WNLs.
6/28/23 Recheck labs - CBC/CHEM17 is all WNLs

CYTOLOGY SUBMISSION

FNA of Mass and Spleen

OBSERVATIONS

Abdominal mass: Submitted are 3 excellent videos of excellent collections of cells from the abdominal mass in Bodhi. The cellularity is almost entirely round cells. Many of the round cells are slightly degenerate but they appear to be larger round cells with scattered mature lymphocytes. Degenerate debris is present in the collection. The larger round cells appear to be larger lymphoid cells with scattered nucleoli in some of the cells. These cells have nuclei that are 2 to 4 times the size of red blood cells.

Spleen: Submitted are 2 excellent videos of excellent collections of cells from the spleen in Bodhi. The cellularity is mixed through many of the fields. There are neutrophils and nucleated red blood cells but there are fields of cells that are mainly lymphoid cells that appear to be large. These cells have nuclei that are 2 to 4 times the size of red blood cells and are larger than the neutrophils. Degenerate debris is prominent.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal mass - Suggestive of high-grade lymphoma
Spleen - Suggestive of a high-grade lymphoma with inflammation.

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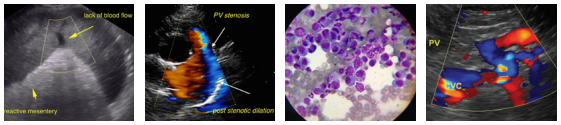

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COMMENTS

There is some artifactual change in the round cells collected from the mass in Bodhi. The nuclei and cells appear to be slightly degenerate causing some interpretive difficulty. There are larger cells that suggest high-grade lymphoma cells. These cells can be very fragile and thus undergo degeneration readily. This could be part of the problem in the aspirate from the mass. I am concerned that there may have been some saline contact with the cells and this could degenerate cells as well.
There is inflammation in the spleen and there are some cells that suggest the potential of lymphoma. If chemotherapy is contemplated, then immunophenotyping of the cells to confirm the specific cell type may be beneficial for prognosis. The slides may be submitted for PARR testing or new slides that are not stained can be submitted for immunocytochemistry staining. Flow cytometry can be beneficial but will require a repeat collection of cells prior to submission to the laboratory. Contacting the laboratory to confirm how to submit flow cytometry samples is encouraged. A guarded to unfavorable prognosis is warranted with the cellularity collected at this time. Again I am concerned about the potential of some artifactual change which is causing interpretive difficulty.

Image shows some of the cells collected from the abdominal mass in Bodhi. Note the larger round cells compared to the smaller lymphoid cells. The percentage of large cells is much greater than the small cells.

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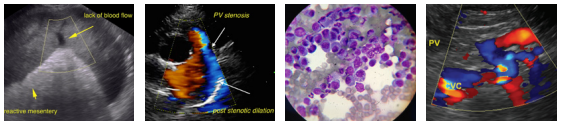

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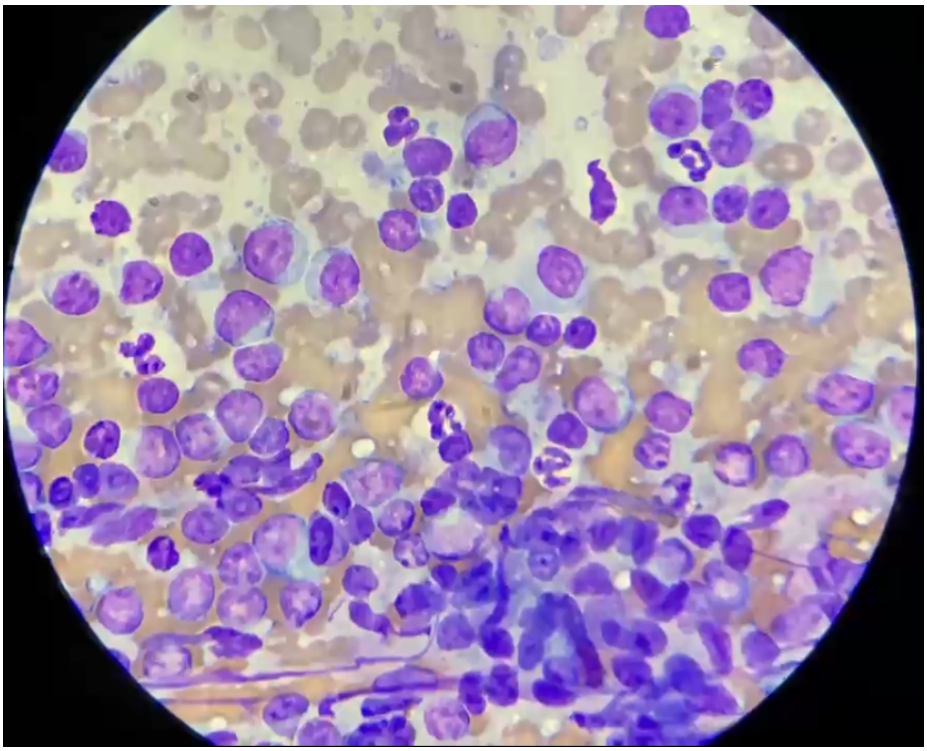

Image shows a field of cells collected from the spleen in Bodhi. Note the large lymphoid cells, many with large nucleoli compared to the smaller lymphocytes and neutrophils.

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.

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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