



**DATE PRESENTING CLINICAL SIGNS**

6/30/23

Inappetence, weight loss and vomiting.  
Hx of atopy - on immunotherapy.  
Hx suspect mass left side of neck early May 2023- responded to clavomox.  
Mild anemia, leukocytosis and hypercalcemia (new since May). Hypercalcemia of malignancy panel pending.  
AUS: Mild lymphadenopathy (gastric, pancreoduodenal, colic and jejunal) - reactive lymphadenopathy versus early infiltrative neoplasia. Mildly irregular hepatic capsule with mildly hypoechoic parenchyma. Mild GB sludge. Rec. screening FNA of spleen and liver.

**INTERPRETED BY**

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

**CYTOLOGY SUBMISSION**

**PATIENT**

Liver; spleen

Astrid Anderson

**OBSERVATIONS**

**SPECIES**

Feline

Liver: Submitted are 5 excellent videos of very good collections of cells from the liver in Astrid. The cellularity is mixed with hepatocytes interspersed with lymphocytes, neutrophils and rare macrophages. The hepatocytes demonstrate slight vacuolization and lipidosis. There is some granularity. The mixed cellularity around the hepatocytes includes good collections of lymphoid cells, some of which are larger than others. Malignant characteristics are not confirmed.

**BREED**

DSH

Spleen: Submitted are 7 excellent videos of very good collections of cells from the spleen in Astrid. Cellularity is mixed with many neutrophils and lymphoid cells. There are nucleated red blood cells and megakaryocytes throughout the collection. Aggregates of platelets are prominent. The lymphoid cells are irregular with some large lymphoid cells scattered throughout. Malignant characteristics are not confirmed.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Female Spayed

Liver - Hepatocellular lipidosis with mixed cell infiltration suggesting inflammation.  
Spleen - Mixed cell collection with prominent hematopoiesis and reactive lymphoid tissue with evidence of a neutrophilic response.

**COMMENTS**

**AGE**

6y 11m

The cellularity in the collection from these two organs does not support neoplasia and in particular does not support lymphoma. There are changes that support inflammation. The inflammation could be ascending up the biliary tree in the liver with lymphocytes and neutrophils. The spleen could be responding to inflammation from any location in the abdominal cavity. With the enlarged lymph nodes, I am concerned about the possibility of inflammation in the intestine or possibly pancreas. Malignancy cannot be completely ruled out but it is not diagnostic from the collections of cells available to evaluate. The extra medullary hematopoiesis in the spleen is more extensive than usually identified in the cat. If problems continue, further evaluation of the abdominal organs is encouraged or even an exploratory may be beneficial. Inflammatory bowel disease or intestinal lymphoma should remain on the differential diagnosis list. A guarded prognosis is warranted since the underlying process has not been identified.

**WEIGHT**

9.5 lbs

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Alicia Ring

**INVOICE NUMBER**

974



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6/30/23

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

**PATIENT**

Astrid Anderson

**SPECIES**

Feline

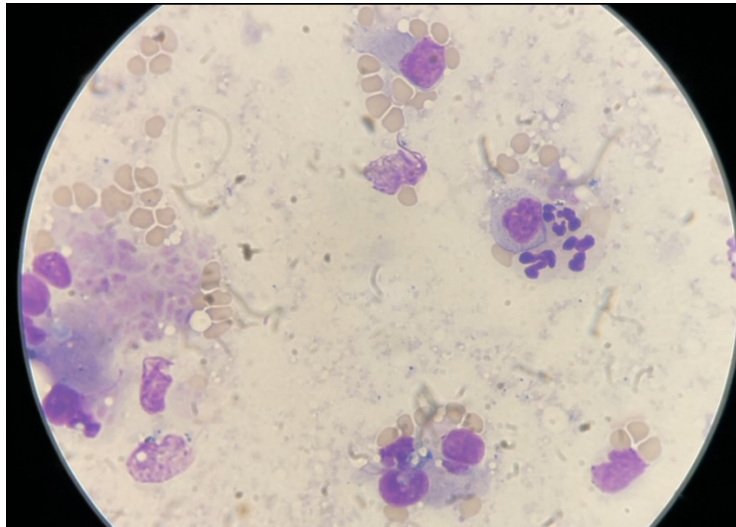


Image demonstrates a few hepatocytes on the left side with a mixture of inflammatory cells and mononuclear cells collected from the liver in Astrid. Many of the nuclei are smudged.

**BREED**

DSH

**SEX**

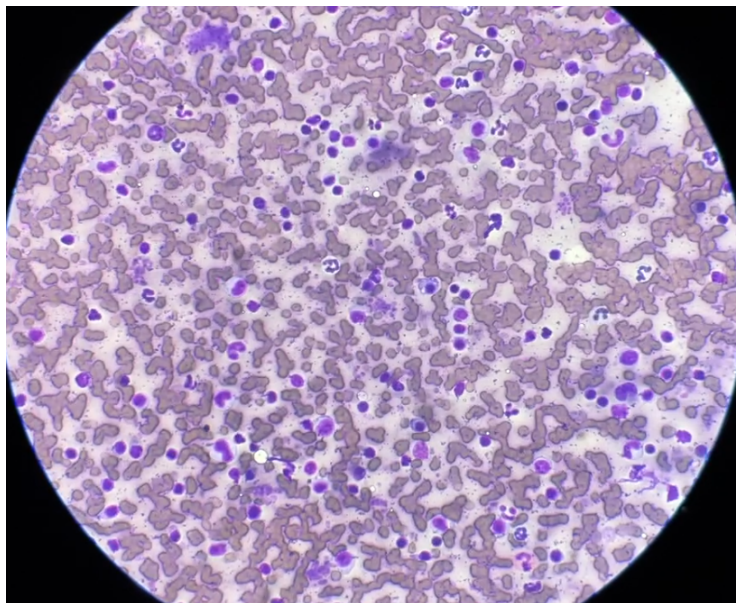
Female Spayed

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Image shows a representative field of cells collected from the spleen in Astrid. Note the neutrophils and mononuclear cells. Nucleated RBCs are prominent as are lymphocytes and plasma cells.

**REFERRING VET**

Dr. Alicia Ring

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.

**INVOICE NUMBER**

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

6/30/23  
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L.D. McGill, DVM,  
Ph.D, DACVP

**PATIENT**

Astrid Anderson

**SPECIES**

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