



**DATE PRESENTING CLINICAL SIGNS**

8/13/22

Has A splenic mass confirmed on U/S...Checking for Hepatic involvement U/S (Sonopath) Larger, likely panenchymal splenic mass that appears solitary. The spleen has smaller less distinct nodules but look more like a nodular hypersplenism. Liver has a nodular to micronodular appearance which looks more like a nodular hyperplasia verse metastatic Dz.

**INTERPRETED BY**

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

**CYTOLOGY SUBMISSION**

Liver

**OBSERVATIONS**

Liver: Submitted are 5 excellent videos of excellent collections of cells from the liver in Prissy. The cellularity includes large numbers of hepatocytes with the surrounding collection of red blood cells and a very few inflammatory cells. The hepatocytes demonstrate vacuolization and lipid accumulation. Some of the cells are slightly granulated. Nodular hyperplasia is possible in some of the hepatocytes but it is minimal. Malignant characteristics are not suggested.

**SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine

Liver - Hepatocellular lipidosis with vacuolization and slight granularity and minimal inflammation.

**COMMENTS**

The cellularity suggests a metabolic liver disease process which could be the result of steroid hepatopathy either from endogenous or exogenous steroids. It could also be due secondarily to problems in the pancreas or intestine. There are no changes of malignancy or sepsis. Continued evaluation for other abdominal disease processes is encouraged. This type of process in the liver is commonly secondary and not primary. A guarded prognosis is warranted since we do not know the underlying cause of this process.

**BREED**

Australian Shepherd Mix

**SEX**

Female Spayed

**AGE**

10y

**WEIGHT**

52lbs

**HOSPITAL NAME**

Franklin Animal Clinic

**REFERRING VET**

Dr. Doverspike

**INVOICE NUMBER**

772

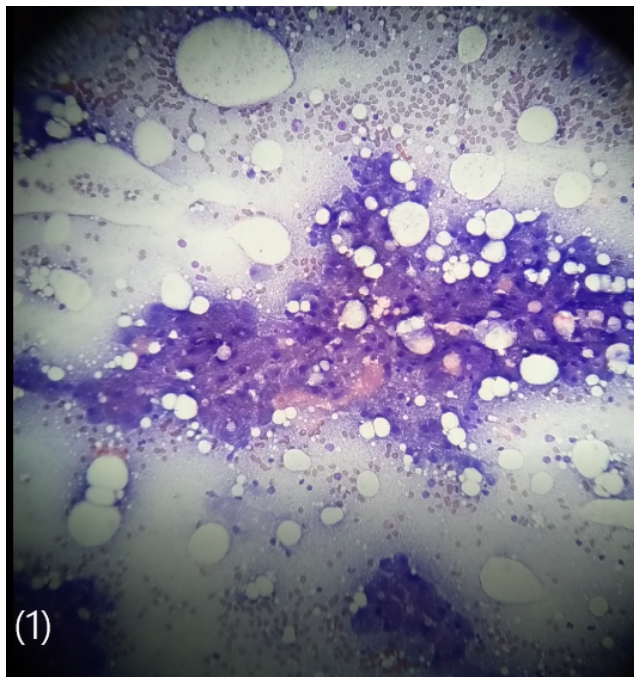


Image shows a representative collection of hepatocytes with vacuolization and lipid collected from the liver in Prissy. This is an excellent collection with minimal hemorrhage.



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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**

Prissy Boemmel

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