



DATE	PRESENTING CLINICAL SIGNS
8/21/23	Weight loss and worsening anemia. On Prednisolone, but no improvement. Diagnosed with hyperthyroidism in May 2023, started on Methimazole. PE: BCS 1-2/9 with significant muscle wasting.
INTERPRETED BY	BW: 8/11/23 - Hct 23%, Plt slt decreased. WBC 5.3k, with mild lymphopenia, mild monocytosis.
L.D. McGill, DVM, Ph.D, DACVP	7/25/23: Hct 25%. SDMA 15. T-4 1.9, on Methimazole. Felv/FIV - Neg/Neg 5/3/23: Hct 31%, T-4 - 4.6, TP 6.2, Alb 3.0, Glob 3.2.
PATIENT	AUS (today): severe splenomegaly with scalloped contour, bright mesentery around spleen, parenchyma homogeneous but mildly hyperechoic diffusely. Hepatomegaly with no over nodules, smooth rounded liver capsule contour. Scant free peritoneal fluid. Irregular, cystic mesenteric LN throughout the abdomen.
John-John Stobert	
	CYTOLOGY SUBMISSION
SPECIES	Ultrasound Guided
Feline	OBSERVATIONS
BREED	Liver: Submitted are 4 excellent videos of moderate collections of cells from the liver containing hepatocytes in the collection from John-John. The hepatocytes demonstrate granularity of the cytoplasm and slight vacuolization. The surrounding red blood cells and fluid contains scattered inflammatory cells that are neutrophils and lymphocytes.
DSH	Malignant characteristics are not identified. The hepatocytes have a rather uniform pattern.
SEX	Spleen: Submitted are 10 excellent videos of moderate collections of cells from the spleen in John-John. The cellularity is mixed including neutrophils, macrophages with foamy cytoplasm and good numbers of nucleated red blood cells. Polychromasia is identified.
Male Neutered	There are some lymphoid cells but most appear to be small or slightly reactive. The lymphoid cells are not overly represented. Malignant characteristics are not observed in the spleen or liver.
AGE	
15yrs	
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
8.6lbs	Liver - Moderate hepatocellular granularity with mild vacuolization and mild inflammation. Spleen - Mixed cell collection with prominent nucleated RBCs, macrophages and other inflammatory cells.
HOSPITAL NAME	COMMENTS
Scanvet	The changes in the liver are secondary changes to what may be occurring in other locations. This could be from enteritis or possibly my favorite diagnosis of pancreatitis. There is no suggestion of neoplasia or sepsis there. There is some inflammation draining to the liver which could be from any organ.
REFERRING VET	The changes in the spleen are supporting inflammation and hematopoiesis. Hematopoiesis is not a common observation in the cat spleen. This suggests the possibility of some type of reactive process in the spleen due to anemia or possibly even some type of hemoparasite. A guarded prognosis is warranted since the underlying
Dr. Karen Ebersole	
INVOICE NUMBER	
808	



DATE 8/21/23 process is not identified. The changes in these two organs are likely secondary to other problems in the abdominal cavity.

INTERPRETED BY

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

PATIENT

John-John Stobert

SPECIES

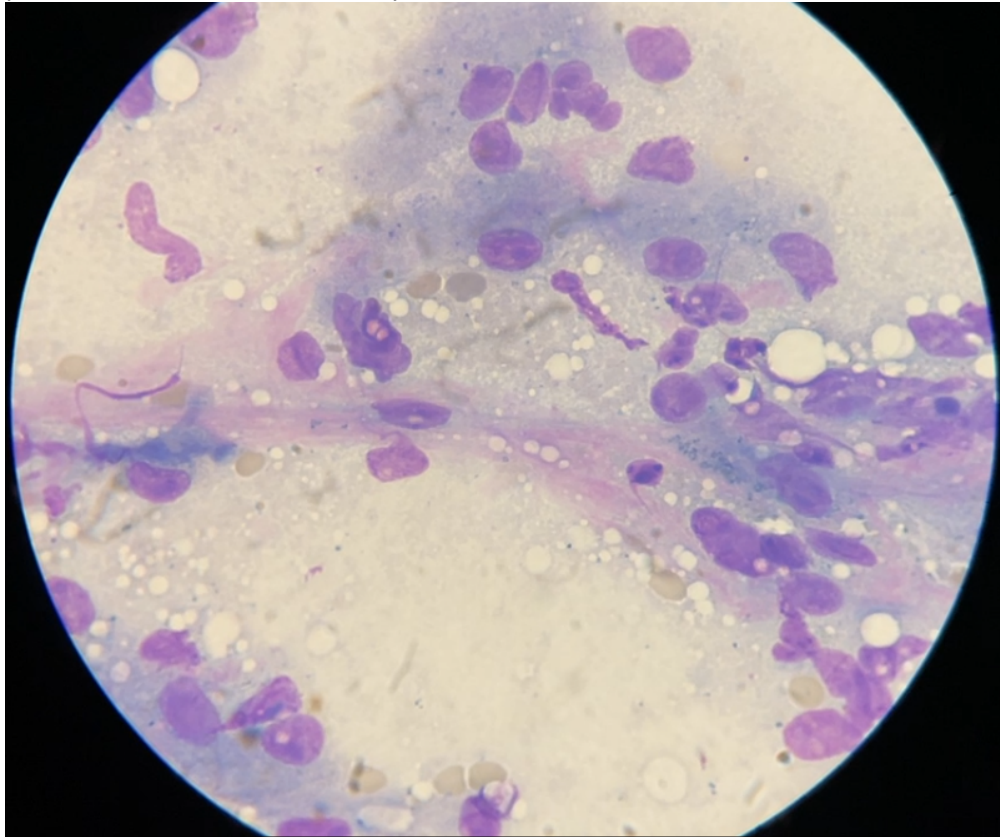
Feline

BREED

DSH

SEX

Male Neutered



AGE 15yrs Image shows a mixture of hepatocytes with some potential fibrosis and a mixture of inflammatory cells collected from John-John. The eosinophilic material could be fibrosis. The hepatocytes are minimally reactive and do not support fatty liver syndrome at this time.

WEIGHT

8.6lbs

HOSPITAL NAME

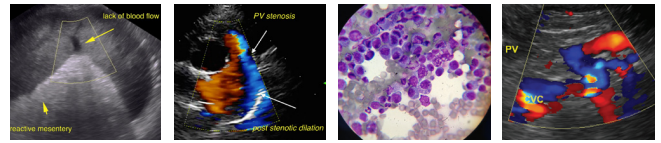
Scanvet

REFERRING VET

Dr. Karen Ebersole

INVOICE NUMBER

808



DATE

8/21/23

INTERPRETED BY

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

PATIENT

John-John Stobert

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15yrs

WEIGHT

8.6lbs

HOSPITAL NAME

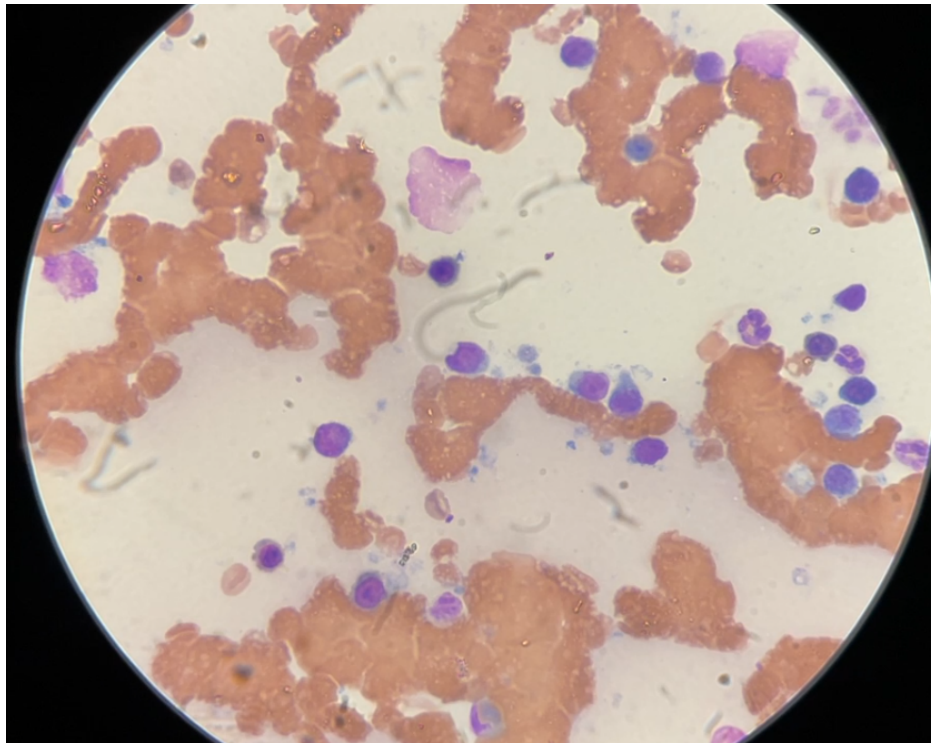
Scanvet

REFERRING VET

Dr. Karen Ebersole

INVOICE NUMBER

808



The image shows a mixture of cells collected from the spleen in John-John. Note the nucleated RBCs interspersed with mature lymphocytes and scattered neutrophils. An eosinophil is in the upper left of the image. Macrophages were more prominent in other fields.

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
8288 Top of the World Drive
Cottonwood Heights, UT 84121
ldmcgil.vetpath@gmail.com
cell: 801-865-1220