



DATE PRESENTING CLINICAL SIGNS

8/23/24

Collapsing episode on 8/21. Rads and palpation suspicious for cranial abdominal mass. Large liver mass on AUS, encompassing left side of liver.

PE: mm pale after collapsing, painful in cranial abdomen with possible mass palpable.

RADS: mass effect in cranial abdomen, with decreased abdominal detail.

BW: WBC 60k, with left shift. Suspected Bands. Monocytosis. LE elvated.

AUS: large, mixed echogenicity, highly vascular mass occupying majority of left side of liver. Significant mesenteric inflammation surrounding it, with trace free fluid around liver.

INTERPRETED BY

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

CYTOLOGY SUBMISSION

Liver mass

PATIENT

OBSERVATIONS

Cecilia Mansmann

Liver: Submitted are 9 excellent videos of moderate to excellent collections of cells from the liver mass in Cecilia. The cellularity demonstrates extensive inflammation as you have described and particularly the second slide is almost entirely inflammation with hemorrhage. In the first 4-5 videos from the first slide, there are good aggregates of cells that demonstrate prominent nuclear change and in some cases minimal cytoplasm. These cells are aggregated and irregular. Some of the cells appear to be naked nuclei. Inflammation is quite prominent throughout those collections. This is definitely a neoplastic process.

SPECIES

Canine

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver - Neoplastic cellularity consistent with neuroendocrine carcinoma or possible bile duct carcinoma.

Jack Russell Terrier

COMMENTS

This is a neoplastic process but it is not lymphoma and I would be surprised if it turned out to be a hepatocellular carcinoma. It is more characteristic of a neuroendocrine carcinoma such as a metastatic carcinoma to this site such as an islet cell carcinoma or possibly a gastric carcinoma. The specific cellularity will need to be confirmed with excision and biopsy. This growth is surrounded by extensive inflammation as you have described. This inflammation appears to be causing severe problems. I wonder about the possibility of pancreatitis along with this potential metastatic islet cell carcinoma. A guarded to unfavorable prognosis is warranted due to this aggressive pattern of carcinoma in the liver tissue which is likely metastatic.

SEX

Female Spayed

AGE

7y

WEIGHT

17 lbs

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE NUMBER

991



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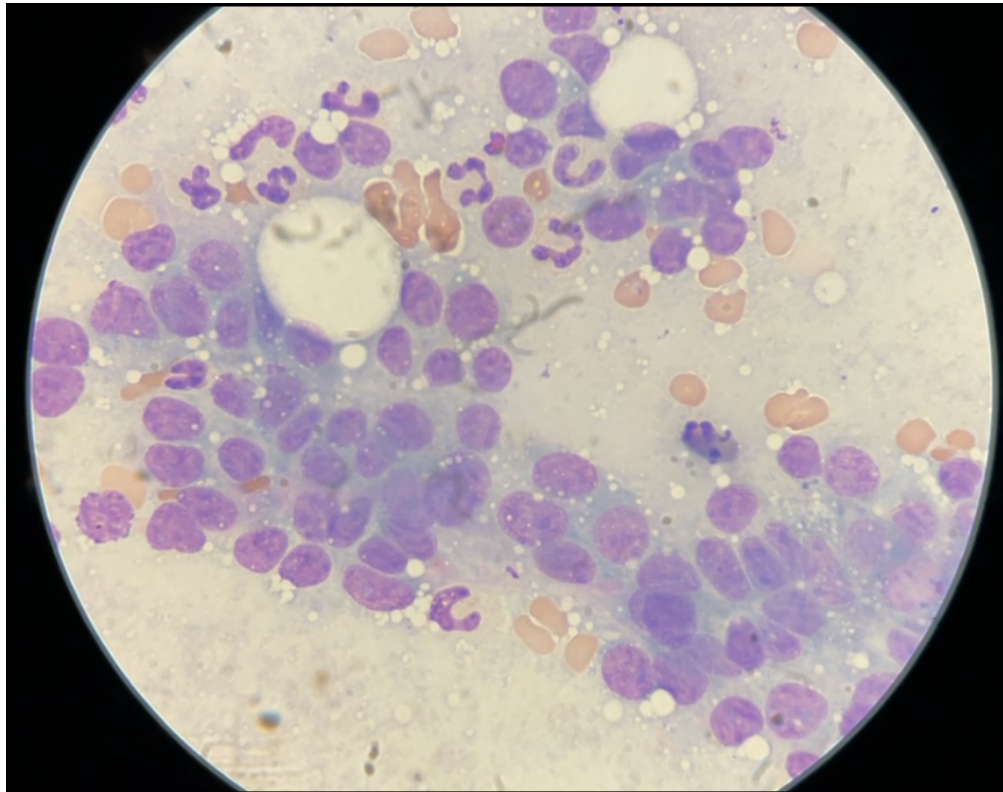


Image shows a representative cellularity of the neoplastic cells interspersed with inflammatory cells that are neutrophils collected from the liver in Cecilia. Occasionally these cells demonstrate piled up patterns that could be glandular such as a bile duct but I am most suspicious of a metastatic islet cell carcinoma.

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.

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