



DATE PRESENTING CLINICAL SIGNS

8/5/22

Presented yesterday for lethargy and decreased appetite for 2 days. Indoor/outdoor cat. FNA of R pancreas and Cytospin of abdominal fluid.
AUS: +++ abdominal free fluid, irregular and nodular changes to R pancreas especially, reactive mesentery throughout the abdomen.

INTERPRETED BY

BW: SDMA 16, C1 7.5, TP 5.5, Alb 2.7, Spec FPL: normal

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

CYTOLOGY SUBMISSION

FNA of Pancreatic nodule & Abdominal fluid

PATIENT

Chief Grondin

OBSERVATIONS

SPECIES

Feline

Pancreatic nodule: Submitted are several excellent videos of moderate collections of cells from the pancreatic region in Chief. The cellularity is mixed with spindloid cells that appear to be early granulation tissue interspersed with foamy macrophages and a very few neutrophils. Scattered other inflammatory cells are noted. Malignant characteristics are not confirmed in this collection.

BREED

DSH

Abdominal fluid: Submitted are several excellent videos of moderate collections of cells from the concentrated abdominal fluid from Chief. The cellularity is mixed and includes macrophages with neutrophils and degenerate debris. There is a background of protein in this concentrated sample. Malignant characteristics are not suggested.

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic nodule - Chronic pyogranulomatous and fibrosing inflammation and pancreatitis.
Abdominal fluid - Chronic suppurative inflammation with degenerate debris

AGE

10 years

COMMENTS

The changes in these two collections strongly suggest chronic necrotizing pancreatitis with pyogranulomatous inflammation occurring secondarily. The changes in the omentum are likely the result of chronic inflammation throughout the mesothelium resulting in chronic peritonitis. The inflammatory cellularity is supportive of that condition. The release of pancreatic enzymes are likely resulting in digestion of some of the fat in the abdominal cavity in the chronic inflammatory process which is likely sterile. I did not identify any bacteria or any changes that support neoplasia. At this time, I am concerned that this is a chronic pancreatitis with severe peritonitis and thus a guarded to unfavorable prognosis is warranted. There is a potential of neoplasia in the region with secondary inflammation, but I cannot identify that from this collection. Another possibility would be an atypical case of FIP. Excision of the chronic inflammatory process could possibly be beneficial in the future, but I cannot confirm that potential.

WEIGHT

15 lbs

HOSPITAL NAME

Scanvetl

REFERRING VET

Dr. Peyser

INVOICE NUMBER

40574



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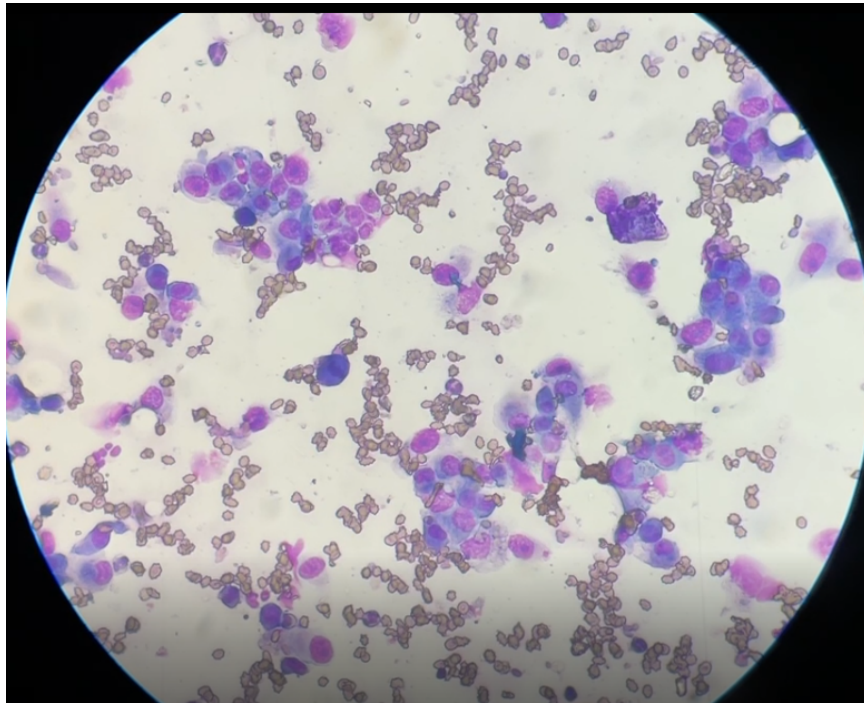


Image shows some of the cells collected from the pancreatic nodule. There are more changes suggestive of inflammation of a chronic nature.

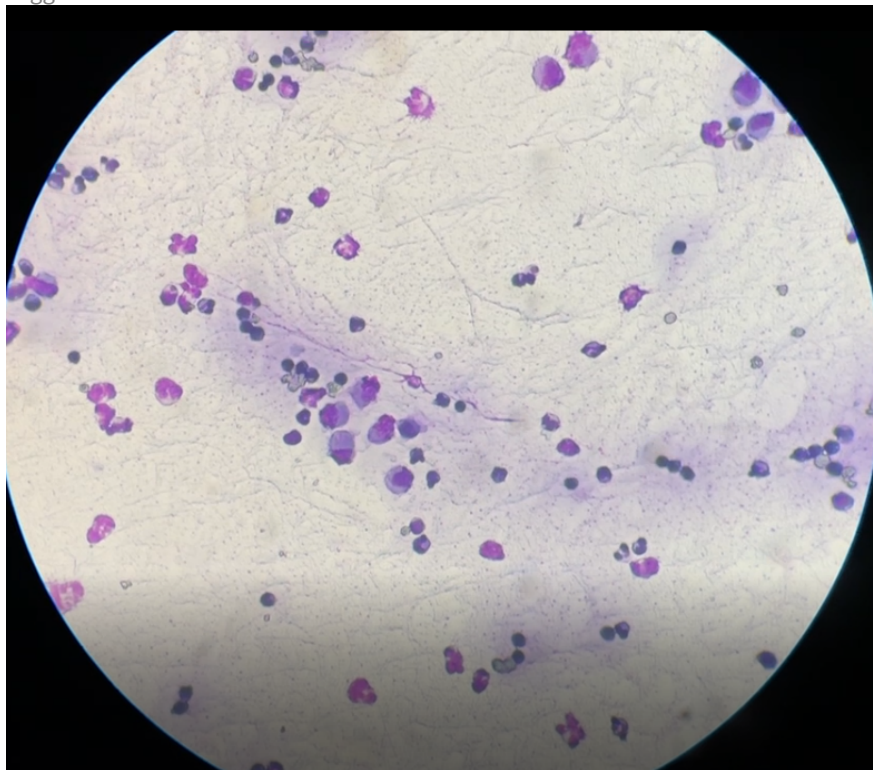


Image shows cells from the abdominal fluid. The larger cells are macrophages and smaller are neutrophils. There is a protein lipid mixture in the background.



DATE 8/5/22 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.

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

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