



DATE PRESENTING CLINICAL SIGNS

4/11/22

History: P has an on-and-off hx of vomiting going back to at least 2020. O usually treats it supportively with cerenia/SQ fluids, and it's fine for a while but then comes back. Clover also has a hx of UTIs and stomatitis (she has no teeth).

INTERPRETED BY

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

On 2/11/22, P came into TVH because vomiting/appetite issues were becoming more severe and P was losing weight. Labs run at that time were mostly unremarkable except high lipase, UTI. Treated supportively with SQ Vitamin B12 0.3ml, SQ Cerenia 0.42ml, SQ triamcinolone 0.09ml, SQ fluids LRS 150mls and attempted diet change to hydrolyzed protein. Since starting weekly vit B12 x 4 weeks then monthly, P has been doing much better and is now eating better but will not eat the hydrolyzed diet so is eating American Journey OTC food. P has had facial abscess which resolved on clindamycin, panniculitis lesion which resolved with abxs and today presents for RH lameness without known cause on radiographs (no fxs, signs of chronic OA). P presents today for AUS because abdominal detail in limb rads was poor; concern for ascites, etc.

PATIENT

Clover Matteson

Current Medications
Tinkle Tonic, OTC joint supplement, Vitamin B12 0.3ml q. monthly, Cerenia PRN

SPECIES

Feline

Radiographic Findings
Rads from November 2, 2021 - check single lat abdomen to rule out bladder stones - no opacities seen in bladder; good serosal detail

BREED

DSH

Rads from today (4/8/22) - Poor serosal detail in abdomen, possible nodule on lateral chest rad, soft tissue swelling R metatarsal region with no obvious fxs, evidence of OA in multiple vertebrae and tail. Small bony defect on head of femur R side

SEX

FS

Primary Question/Differential to Be Answered in This Exam
Why is the abdominal detail in today's rads poor? Is there fluid? Cancerous lesion, etc.? Is there a known cause for the chronic vomiting and poor appetite?

Senior panel (CBC/CHEM17/UA/T4/SDMA) on 2/11/22 normal other than lipase too high to read, SDMA high at 22, UA showed evidence of UTI (pro 2+, gluc 1+, Sedivue reads rods). UTI has since resolved.

CYTOLOGY SUBMISSION

AGE

11yrs

FNA of Liver

OBSERVATIONS

WEIGHT

7.6 lbs

Liver mass: Submitted are 4 excellent videos of moderate to excellent collections of cells from the mass in the liver in Clover. There are many packets of cells in irregular patterns. In some of the videos, these cells were not well stained and were rather dense. In a second set of slides, these cells were in smaller clumps and readily stained. They demonstrate prominent nucleoli and clumping or aggregation. These cells are interspersed throughout an extensive inflammatory process which includes macrophages, neutrophils and very few lymphocytes. The macrophages are phagocytosing degenerate debris and thus necrosis is apparently a part of this proliferative process.

HOSPITAL NAME

The Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Yomanda

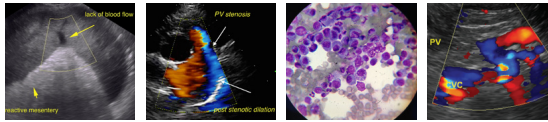
Liver mass - Carcinoma with secondary necrosis and pyogranulomatous inflammation.

COMMENTS

INVOICE NUMBER

40497

The cellularity in these clumps of cells is characteristic of a carcinoma. In my opinion, it is not characteristic of a hepatocellular carcinoma but most likely another type of carcinoma including the potential of a bile duct carcinoma, or possibly even metastatic pancreatic acinar carcinoma.



DATE 4/11/22 The inflammation was the major process visualized on the videos and thus necrosis and inflammation are a prominent part of this mass. When necrosis and inflammation are a prominent part of these masses, that is the easiest material to collect. An unfavorable prognosis is warranted in my opinion.

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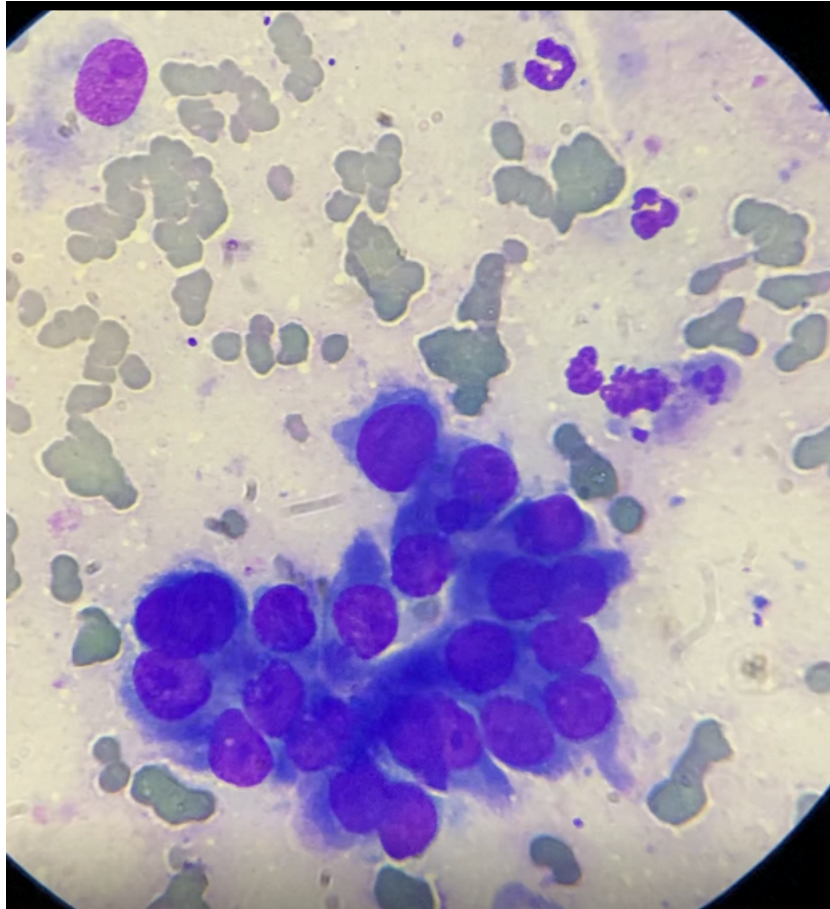


Image shows a clump of neoplastic cells with anisocytosis and anisokaryosis. Note the prominent nucleoli. Inflammation is prominent around this clump of cells. The large cell in the upper left is a macrophage.

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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.

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.

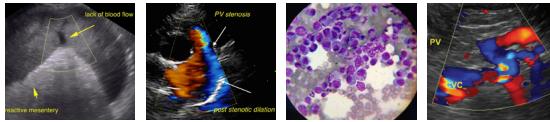
REFERRING VET

Dr. Yomanda

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