



**DATE PRESENTING CLINICAL SIGNS**

7/7/23

History: History: P has been hiding more the past 3 days and not sleeping on O's bed like he's done every day for years. Was vomiting a lot last week but since Os have been brushing him this week hasn't been vomiting anymore. O says appetite is reduced also.

**INTERPRETED BY**

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

Clinical findings: - ~6% dehydrated (reduced skin tent, tacky MMs), lost 1.8lbs since last exam in April 2023, epaxial wasting/cachexia and some crepitus in stifles. Grade II/VI parasternal systolic heart murmur which is new finding.

**ABNORMAL Laboratory Findings**

CBC: Lymphopenia 0.67k, otherwise WNLs  
CHEM17: AST 71 (H), GLUC 174 (H), otherwise WNLs  
SDMA: 12 (WNLs)

**PATIENT**

Krishna Appleman

T4: 0.9 (low-normal)  
UA: Grossly cloudy and has an odor. USG 1.042, trace protein, Bil 1+, otherwise normal.  
WBC/RBC <1/HPF, no cells seen on manual sed but mucus seen with several cocci stuck within.  
Current Medications

**SPECIES**

Feline

None  
Radiographic Findings  
Loss of serosal detail within abdomen (esp. in caudal abdomen) prompted in-house ultrasound which found hyperechoic nodules in the spleen, trace fluid accumulation surrounding the liver.

**BREED**

Siamese x

**CYTOLOGY SUBMISSION**

FNA of Liver & Spleen

**SEX**

Male Neutered

**OBSERVATIONS**

Liver: Submitted is an excellent video of cells collected from the liver labeled as spleen from Krishna. The hepatocytes demonstrate vacuolization of the cells with an intermixed collection of neutrophils and lymphocytes. Degenerate debris is present. There is no suggestion of malignancy.  
Spleen: Submitted is an excellent video of cells collected from the spleen labeled as liver from Krishna. There is a mixed cell collection of neutrophils, lymphocytes, and scattered macrophages. Degenerate debris is present. The cellularity is moderate and mixed.

**AGE**

13 yrs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

8.2 lbs

Liver - Mild hepatocellular lipidosis with mild chronic suppurative inflammation.  
Spleen - Moderate chronic suppurative splenitis.

**COMMENTS**

**HOSPITAL NAME**  
The Veterinary Hospital

The cellularity in this collection supports an inflammatory process leaking to the liver with hepatocellular vacuolization and lipidosis. This is an early feline fatty liver with secondary inflammation. The inflammation is likely ascending up the biliary tree. This could be secondary to pancreatitis or enteritis. There is still a possibility of primary liver disease, but the inflammation is likely secondary.

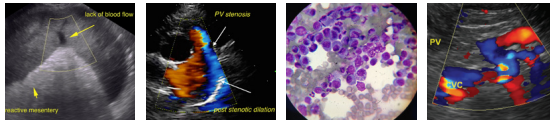
**REFERRING VET**

Dr. Yamada

The changes in the spleen support inflammation. This supports an inflammatory process in the splenic tissue which could be secondary to changes in the intestine or pancreas. I am unable to completely rule out the possibility of feline infectious peritonitis. PCR testing for feline coronavirus is encouraged in the sample from the spleen. There is no suggestion of malignancy or sepsis but there is definitely a suggestion of chronic inflammation.

**INVOICE NUMBER**

40773



**DATE**

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**INTERPRETED BY**

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

**PATIENT**

Krishna Appleman

**SPECIES**

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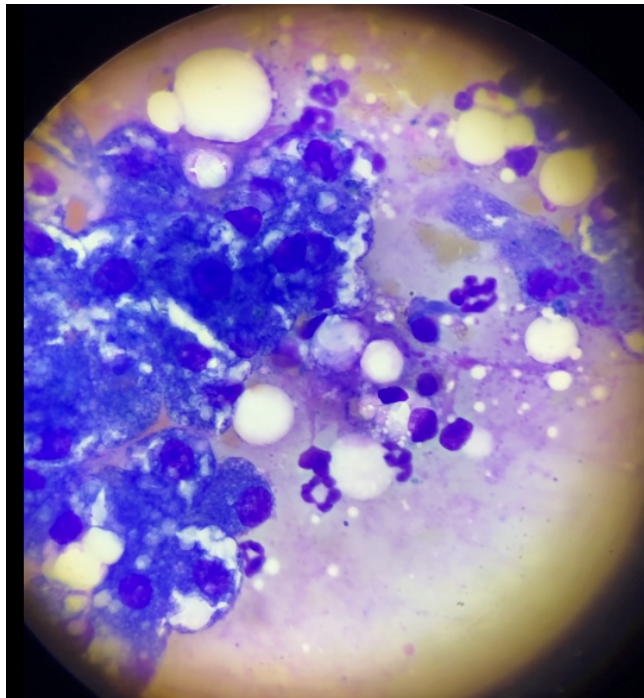


Image shows hepatocytes with vacuolization and probable lipidosis with a mixture of inflammatory cells in the surrounding collection. This slide is from the collection labeled spleen.

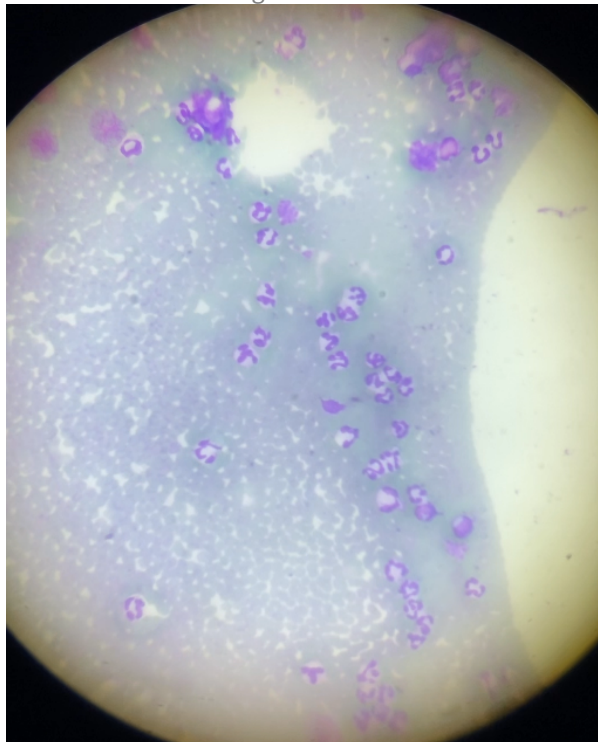
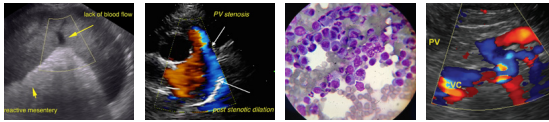


Image demonstrating cells collected from the spleen in Krishna. This collection was labeled as liver. There are massive numbers of neutrophils in this collection.



**DATE**

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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**

Krishna Appleman

**L.D. McGill, DVM, Ph.D., DACVP**  
8288 Top of the World Drive  
Cottonwood Heights, UT 84121  
ldmcgill.vetpath@gmail.com  
cell: 801-865-1220

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