



PATIENT

Juneau Smallwood

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

11 years

WEIGHT

74 lbs

INTERPRETED BY

Dr. Lawrence McGill,
DVM,Ph.D.,Diplomate,
ACVP

IMAGING PERFORMED BY

Karen Ebersole DVM,
DABVP (Canine/Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Peyser

INVOICE

68537

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: Incidentally found large abdominal mass on PE. OR an episode of inappetence a week prior but has otherwise normal. FNA of splenic mass

Abnormal PE/Chem/CBC/UA Results: PE: palpable large, firm mass occupying mid-abdomen. CXR - Large mid-abdominal mass suspected to be splenic in origin Chest X-ray: no signs of metastasis BW - none done yet AUS (today) - Very large (> 18 cm diameter) solid splenic mass with central, irregular fluid filled area negative for blood flow on doppler - ddx previous hemorrhage vs necrosis. Spleen is rounded with heterogeneous parenchyma. Heterogeneous liver - without distinct nodules or masses visible.

CYTOLOGY SUBMISSION

FNA of the spleen was submitted

OBSERVATIONS

Spleen: Submitted are 8 excellent videos and 8 excellent images of cells collected from the spleen in Juneau. There is a prominent background of red blood cells but there are large numbers of nucleated cells scattered throughout. Where they are spread out, there is a mixture of cells including neutrophils, lymphocytes, plasma cells and macrophages. Where the cells are clumped, they include macrophages with hemosiderin and spindloid cells that suggest fibroplasia. I was unable to identify specific malignant change. The lymphoid cells are mainly small to intermediate sized lymphocytes with very few large lymphoid cells. The aggregates of cells are mixed and suggest chronic irritation, fibrosis and secondary hemosiderosis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Spleen - Suggestive of focal splenitis with chronic inflammation and probable necrosis.

COMMENTS

The cellularity in this collection suggests the likelihood of an inflammatory process and not neoplasia. There are aggregates of cells that are packeted and difficult to identify but in most of those cases they have what appears to be an inflammatory to pyogranulomatous pattern with fibrosis. Neutrophils are quite prominent throughout the collection with scattered lymphocytes and plasma cells. This suggests the likelihood of an inflammatory process. In my opinion, it would be best to eliminate this process from the abdominal cavity so that it does not cause further problems in the future. If we wait until more clinical signs occur, then there could be more severe problems. Another question is the specific source of this reactive process. Neoplasia cannot be completely ruled out but it is not suggested from this collection. A guarded prognosis is warranted until this mass can be completely excised and the underlying pathology can be identified to rule out any more severe pathologic changes.



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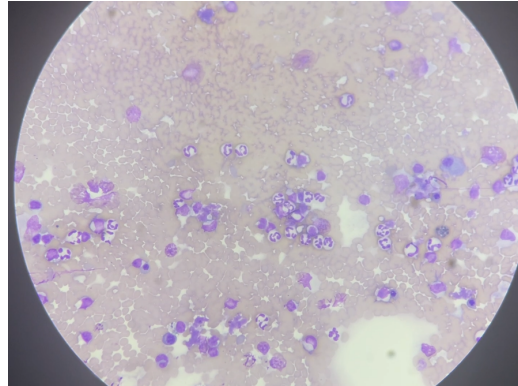
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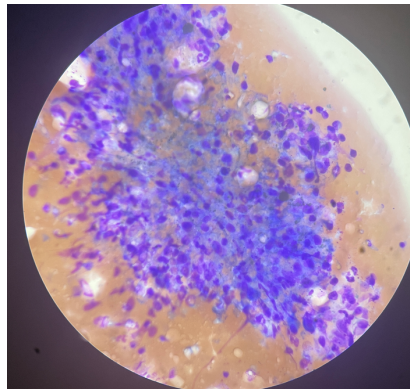
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CYTOLOGY IMAGE



This is an image of representative cells from the mixed cellular regions of the collection from the spleen in Juneau. Note the large numbers of neutrophils interspersed with scattered plasma cells and some lymphoid cells.



This is an image of one of the aggregates of cells collected from the spleen in Juneau. These cells suggest collections of macrophages with possible spindle cells such as a fibrohistiocytic nodule.

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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

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