



PATIENT

Shadow Elliot

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

6.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Karen Ebersole
DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne

INVOICE

69647

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Significant weight loss. Overall normal BW and T-4. Spleen FNA (inc splenic nodule)
PE: BCS 2/9, muscle wasting. BW: Creatinine 1.7, USG 1.024. Mild neutropenia (2.5k). AUS - Normal sized spleen w/expansive nodule that causes capsular deviation (nodule 0.5 cm diameter). IBD pattern in SI, low-grade chronic pancreatitis suspected as well. Aging changes in kidneys.

CYTOLOGY SUBMISSION

FNA of the spleen was submitted

OBSERVATIONS

Spleen: Submitted are 10 excellent videos of excellent collections of cells from the splenic nodule and parenchyma from Shadow. The cellularity is overwhelmed with large numbers of small mature lymphocytes. The nuclei are small and round. Some fields are extremely overwhelmed with these cells. Even in the splenic parenchyma, there are large numbers of small mature lymphocytes. Scattered reactive lymphocytes, neutrophils and eosinophils with rare macrophages are identified but all of these cells are rare. Again the major cellularity is small lymphocytes.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Spleen - Large numbers of small mature lymphocytes suggesting lymphoid nodular hyperplasia or possible early small cell lymphoma.

COMMENTS

The cellularity in this collection consists of massive numbers of small mature lymphocytes. The nodule is most likely a result of nodular lymphoid hyperplasia but I cannot completely rule out the possibility of a small cell lymphoma. This is one case where, for certain, I would send the slides for PARR testing. There are adequate numbers of lymphoid cells to be an accurate evaluation. Clinically, small cell lymphoma seems like a more likely diagnosis whereas cytologically I cannot rule out lymphoid nodular hyperplasia with lymphoid reactivity throughout the spleen. I would wonder if some of the intestinal changes might be the result of small cell lymphoma if small cells lymphoma is confirmed. This is another reason why the slide should be sent out for PARR testing. A guarded to unfavorable prognosis is warranted in my opinion due to this cellularity.



PATIENT

Shadow Elliot

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

6.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Karen Ebersole
DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne

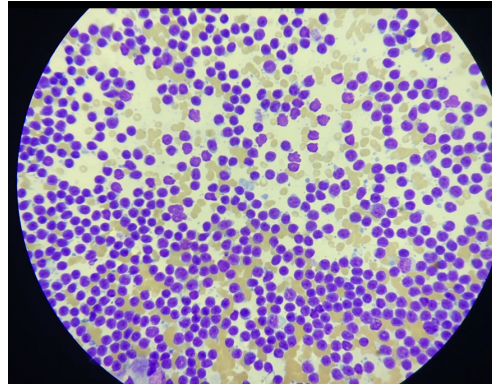
INVOICE

69647

DATE

12/29/25

CYTOLOGY IMAGE



This is a field demonstrating large numbers of small mature lymphocytes interspersed with rare reactive lymphoid cells in this collection from Shadow.

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

8288 Top of the World Dr. Cottonwood Heights, UT 84121

Cell: 801-865-1220 Ldmcgill.vetpath@gmail.com