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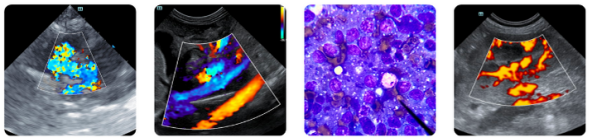

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Hazel Nimblet

SPECIES

Canine

BREED

Pitbull mix

SEX

Spayed female

AGE

11 years

WEIGHT

63 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. Bennett

INVOICE

73791

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Fell down stairs, severe bruising and swelling seems out of proportion for injury. Ddx - early ITP/IMHA secondary to neoplasia or other (rodenticide, etc).
- FNA of pancreatic nodule
- PE: Large area of bruising L axilla and on L lateral flank/abdomen. Large firm SQ swelling w/edema L axilla. Mild enlargement submandibular LNs & prescap LNs. CBC: HCT 33%. Smear - PLT 166 K w/some giant PLT. ALP 960. AUS: Right pancreatic nodule, solid, with adjacent cystic areas and inflammation. Vascular ++ on doppler. Diffusely heterogeneous liver. L axilla scan - suspect consolidating hematoma SQ.

CYTOLOGY SUBMISSION

FNA of the pancreatic nodule was submitted

OBSERVATIONS

Pancreatic nodule: Submitted are 6 excellent videos and 20 images of cells collected from the pancreatic nodule in Hazel. Several of the images and fields in the videos demonstrate aggregates of cells that have minimal cytoplasm. The nuclei are rounded to slightly elongated. The cellularity is packeted in several of the aggregates of cells and particularly in images. Associated with these cells are large numbers of red blood cells interspersed with a mixture of macrophages, neutrophils and lymphocytes as inflammatory cells. Occasional small aggregates of cells with minimal cytoplasm are identified.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIOINS

Pancreatic nodule - Proliferative cells consistent with neuroendocrine neoplasia and possible islet cell carcinoma with secondary chronic pyogranulomatous inflammation.

COMMENTS

The cellularity in these aggregates of cells strongly supports a neoplastic process and an islet cell carcinoma appears to be the most likely. There is secondary inflammation and hemorrhage supporting pancreatitis in adjacent tissue. This proliferative process is irregular. Malignant characteristics are suggested in the aggregates of neuroendocrine appearing cells. A follow-up biopsy of those cells will be required to confirm the cellularity but they certainly have appearances of neoplasia in the collection submitted. A guarded to unfavorable prognosis is warranted until the specific cellular source of the mass can be confirmed.

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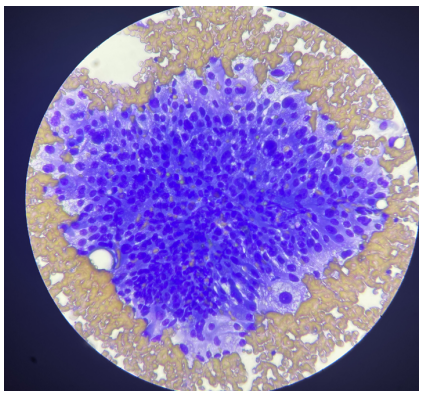
CYTOLOGY IMAGE



This is an image of cells collected from the pancreatic nodule in Hazel. The foamy cells around the smaller cells are likely macrophages or possibly irregular tumor cells.

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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