



PATIENT

Bubbles Jeycel

SPECIES

Feline

BREED

DLH

SEX

Female

AGE

9 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Muhannad

HOSPITAL NAME

Pawsitive Veterinary
Clinic Dubai Silicon
Oasis

REFERRING VET

Dr. Muhannad

INVOICE

15105

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Bubbles presented for oncological evaluation with a suspected squamous cell carcinoma (SCC) affecting the nasal region. The lesion reportedly began as a small pimple around the nose in January and has shown gradual progression over time. At presentation, the mass is extensive, involving nearly the entire nasal area. It appears infected, inflamed, and has a proliferative, cauliflower-like appearance. Additionally, the owner reported a second mass located in the interscapular region, slightly right-sided. This lesion has also developed progressively and is described as firm and fixed on palpation. Thoracic ultrasound was performed, revealing the presence of pleural effusion. Thoracocentesis was carried out, and fluid samples were collected for cytological evaluation.

CYTOLOGY SUBMISSION

FNA of the pleural effusion was submitted.

OBSERVATIONS

Pleural fluid: Submitted are 29 very good images of very good collections of cells from the pleural fluid from Bubbles. The cytospin collection demonstrates large numbers of cells. The majority of the cells have a foamy vacuolated cytoplasm. Others demonstrate prominent phagocytosis. There are scattered neutrophils in the collection but they are few in numbers. The vacuolated cells easily could be mesothelial cells and macrophages. They appear to be interspersed with aggregates of protein. This protein is amorphous and clumped.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Pleural fluid - Marked mesothelial cell response with aggregates of protein and mild inflammation.

COMMENTS

The cellularity supports a chronic inflammatory process in this collection. There is a marked mesothelial cell response and there is extensive vacuolization of the mesothelial cells with interspersed protein clumps. The source of the protein is not identified. It could be any type of inspissated protein including amyloid or amorphous material. I was unable to identify any evidence of neoplasia or sepsis. There is definitely a marked mesothelial cell response suggesting a chronic fluid process in the thorax. I even considered the possibility of thyroglobulin as this protein material. A guarded to unfavorable prognosis is warranted with this buildup of fluid and not knowing the source of the protein.

CYTOLOGY IMAGE

This is an image demonstrating reactive mesothelial cells with several aggregates of protein associated. There is no suggestion of malignancy in this collection from Bubbles.



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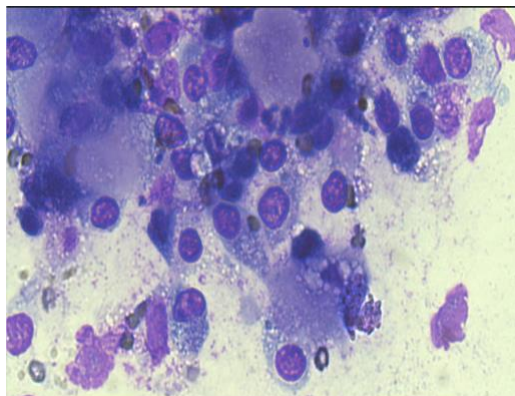
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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