

**PATIENT**

Reese Silversten

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

92.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Animal Care Center of  
 Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

68282

**DATE**

11/3/25

**PRESENTING CLINICAL SIGNS**

History: FNA of liver and spleen, discrete nodule cranial spleen Recheck splenic nodule. Pre-dental work up. Medications: Trazodone 100mg: Gave 2.5-tab po 2 hours prior to ultrasound Gaba 300mg - Gave 3 capsules po 2 hours prior to ultrasound Torbugesic - 1.5 ml IV for scan Midazolam - 3 ml IV for scan

Abnormal PE/Chem/CBC/UA Results: Abnormal PE/Chem/CBC/UA Results: Abdominal ultrasound done on 11/20/24 : No significant ultrasound findings were observed at the level of the urinary bladder, including no signs of inflammation or presence of stone crystals. Splenomegaly with moderately heterogeneous parenchyma and a hypoechogenic nodule measuring 1 cm in diameter. USG: 1.052 Lab work wnl

**CYTOLOGY SUBMISSION**

FNA of the liver and spleen were submitted

**OBSERVATIONS**

Liver: Submitted are 6 excellent videos of moderate collections of cells from the liver in Reese. The hepatocytes demonstrate irregular vacuolization with some areas that are extremely vacuolated supporting lipid. Other areas are mainly those of mild irregular vacuolization. Scattered inflammatory cells are present in the surrounding red blood cells including neutrophils and rare lymphocytes. Malignant characteristics are not identified.

Spleen: Submitted are 6 excellent videos of excellent collections of cells from the spleen in Reese. The majority of the videos demonstrate large numbers of small mature lymphocytes in aggregates with scattered reactive lymphoid cells and scattered neutrophils. Two of the videos have localized aggregates of cells that appear to be closely attached and aggregated with rather uniform nuclei. These cells appear to be different from the lymphoid cells. These cells have some characteristics that would suggest neuroendocrine or epithelial cell proliferation.

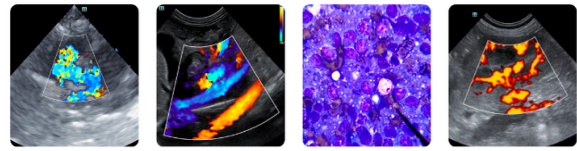
**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

Liver - Diffuse hepatocellular vacuolization with localized areas of suggestive lipidosis and mild suppurative inflammation.

Spleen - Focal areas of lymphoid collection consistent with lymphoid nodular hyperplasia with other aggregates of cells suggesting epithelial cells or possible neuroendocrine cells.

**COMMENTS**

The liver changes support vacuolar hepatopathy and probable steroid hepatopathy. Whether this is from treatment or from other endogenous sources we cannot be certain. There is no suggestion of malignancy in the liver. There is a suggestion of inflammation in the liver and spleen. The concern is the aggregates of cells that have a neuroendocrine pattern in the spleen. If there is a potential of metastasis from some other location, splenectomy would be encouraged to identify the specific source of these cells. I am unable to confirm what they may be and thus further evaluation with a follow-up biopsy following excision of the spleen is encouraged. A guarded prognosis is warranted due to these irregular



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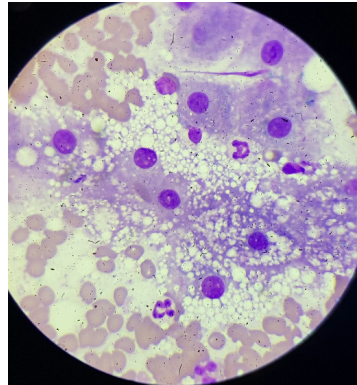
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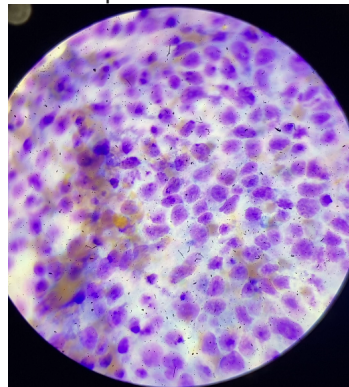
11/3/25

cells in the spleen. The majority of the collection in the spleen suggests lymphoid nodular hyperplasia with secondary inflammation.

**CYTOLOGY IMAGE**



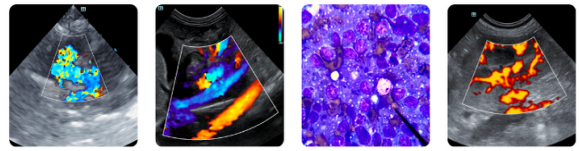
This is a field of hepatocytes demonstrating marked vacuolization and probable lipidosis collected from the liver in Reese. Note the scattered neutrophils in this collection as well.



This is an image of the cells that have an epithelial appearance in the spleen in Reese. Note the aggregation of these cells and the close attachment with prominent anisokaryosis.

**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



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can be of any further assistance please contact me.

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

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